

# Credit Application Form

Specialists in Supplying  
Local Decorators Nationwide

Please fill in the details requested below using **BLOCK CAPITALS**

Company Status: Limited:  Sole Trader:  Partnership:  Credit Limit required £

Full Company Trading Name:	Tel No:
Trading Address:	Fax No:
	Account Contact Name:
Post Code:	VAT Number
Company Web Address:	Email:

If a Limited Company, please give registered office address

	Company Registration No:
	Date Registered:
	Nature/Type of Business:

If not a Limited Company, please give first name and surname and private addresses of the Proprietor/Partners  
If you have been at your current address less than three years, please state previous address(es)

1.	2.	3.
Post Code:	Post Code:	Post Code:

Trade Reference 1:

Trade Reference 2:

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Fax No:	Fax No:

Please supply the full name and signature of an authorised member of staff

Printed Name: <small>(BLOCK CAPITALS)</small>	Position in Company
Signature:	Date:

• Please forward company letterhead with credit application form

- I/We authorise Alliance Workforce Ltd and their agents to seek credit references from the parties above and from credit referencing agencies
- I/We agree that all transactions will be conducted in accordance with your Terms of Business which I/We have read and understood

Consultant: <input type="text"/>	Credit Limit Agreed: <input type="text"/>
Payment Terms Agreed: <input type="checkbox"/> Pro-forma <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days	Authorised By: <input type="text"/>
	Date: <input type="text"/>

**For office use only**