

**BRANCHES AT:**

178A York Way, **Kings Cross**, London N1 0AZ

15-17 Margaret Road, **New Barnet**, Herts EN4 9NR

Roding Lane, **Buckhurst Hill**, Essex IG9 6DR

Unit 16, Lumina Way, **Enfield**, EN1 1FS

**Tel:** 020 3897 0840

**Tel:** 020 8370 6400

**Tel:** 020 8504 6625

**Tel:** 020 3960 9880

**Accounts Dept:** Tel: 020 8370 6450  
 Fax: 020 8370 6415  
 Email: applications@fayers.co.uk

**CREDIT APPLICATION FORM**

<b>Trading Name</b> <small>(Please attach copy of letterhead or official order)</small>		<b>Limited Co</b> Yes <input type="checkbox"/> / No <input type="checkbox"/>		<b>Trading Branch</b> Enfield <input type="checkbox"/> King Cross <input type="checkbox"/> Barnet <input type="checkbox"/> Buckhurst Hill <input type="checkbox"/>	
<b>Invoice/Statement Address</b>			<b>Registered Office Address</b>		
<b>Postcode</b>		<b>Postcode</b>			
<b>Contact Name</b>		<b>Telephone No.</b>			
<b>Telephone No.</b>		<b>Fax No</b>			
<b>Fax No.</b>		<b>Ltd Co Registration No.</b>		<b>Date Established</b>	
<b>Mobile No.</b>					
<b>Email Address</b>					
<b>Invoice/Statement delivery option:</b>	Email <input type="checkbox"/>	Post <input type="checkbox"/>			
<b>Previous Address</b>		<b>If Subsidiary Co. State Name &amp; Reg. No. Of Parent Co.</b>			
		<b>Any Special Instructions</b>			
<b>Postcode</b>					
<b>Type Of Business</b>	<b>No. Of Employees</b>	<b>Capital if Ltd Co: State Amount</b>			
		<b>ISSUED £</b>		<b>FULLY PAID £</b>	
<b>Description Of Business Premises</b>	<b>Are The Premises</b> OWNED <input type="checkbox"/> / RENTED <input type="checkbox"/>		<b>Credit Limit Requested</b> £		
<b>Anticipated Monthly Purchases</b> £	<b>Are Written Orders Required</b> Yes <input type="checkbox"/> / No <input type="checkbox"/>		<b>Have You Had An Account With Us Previously If Yes, Under What Name</b>		

**References | Banker's Reference | Three Trade References**

TRADE REFERENCE No.1		TRADE REFERENCE No.2		TRADE REFERENCE No.3	
Name		Name		Name	
Address		Address		Address	
Tel No.		Tel No.		Tel No.	
Account Ref		Account Ref		Account Ref	

Bank Reference		Enter Full Names & Home Address of Directors & Partners			
Name		Name		Name	
Address		Address		Address	
Tel No.					
Sort Code					
Account No.		Postcode		Postcode	
B A C S		Tel No.		Tel No.	

If credit facilities are granted, the Applicant undertakes to adhere to the Conditions of Business, as shown overleaf, which the applicant fully understands and agrees thereto, and to settle the account on or before the last day of the month following that in which the goods were invoiced. The applicant confirms that the above information is to the best of their knowledge true and correct.

SIGNATURE	.....	DATE	
PRINT NAME	.....	DATE	
DIRECTOR / PARTNER	.....		

