

MEDWAY LTD.

Application for Commercial Credit

Applicants Full Name:		
Trading Styles (if applicable)		
Trading Address:		
Tel No:		Fax No:
V.A.T. No:		
Type of business (3) Ltd Co	Sole Trader	Partnership
If Ltd Co. Reg Office Address:		
Reg No:		
Tel No:	Year or Incorporation:	Annual Sales: £
If Sole Trader/Partnership please (please use a separate sheet if neces		ddresses & telephone number(s) of all partners
1		Tel No
2		Tel No
3		Tel No.
Principle nature of business:		
How Long Trading:		Annual Sales: £
		1998 p a record of that search and will share that information rincipal directors with a credit reference agency"
	Unit 15 Revenge R	load

Lordswood, Chatham Kent ME5 8UD Tel: 01634 868895 Fax: 01634 669463



$M \ E \ D \ W \ A \ Y \quad L \ T \ D \ .$

Bank Name & Address:	
Acc No:	Sort Code:
Two Trade References:	
Name:	Name:
Address:	Address:
Tel No:	Tel: No:
Fax No:	Fax No:
Amount of credit required: £	Per
(Note: trade referees should be able to speak for t	he credit figure as above)
I/We agree that credit account facility will be on y essence of the contract between us.	your stated terms and that adherence to this obligation is the
I/We authorise our bankers to provide a bankers of	opinion as to our suitability for the above amount.

Signed: ______
Full Name: ______
Position: ______
For and on behalf of : ______
Date: ______
Unit 15 Revenge Road
Lordswood, Chatham