

## Credit Application Form

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Invoice Address \_\_\_\_\_

\_\_\_\_\_

Invoice Contact \_\_\_\_\_

Contact Tel no. \_\_\_\_\_

Contact email \_\_\_\_\_

Company no. \_\_\_\_\_ VAT reg no. \_\_\_\_\_

Credit Required £ \_\_\_\_\_

1<sup>st</sup> Reference \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone no. \_\_\_\_\_ FAX no. \_\_\_\_\_

2<sup>nd</sup> Reference \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone no. \_\_\_\_\_ FAX no. \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_

Name in full \_\_\_\_\_ Date \_\_\_\_\_

**Once completed please return by Fax or email Details as follows:**

**Fax: 0121 559 9997**

**Email: [sales@mtbmidlands.co.uk](mailto:sales@mtbmidlands.co.uk)**