

APPLICATION FOR CREDIT FACILITIES

*Please complete fully in capital letters
Return this form marked F.A.O. Miss Tracey Fell*

Cumbrian Newsprint, P.O. Box 7, Newspaper House, Dalston Road, Carlisle, Cumbria, CA2 5UA
Tel: 01228 612600 (Main Switchboard), 01228 612731 (Customer Services) Fax No: 01228 612783
Email: Tracey.fell@cngroup.co.uk
www.cumbriannewsprint.co.uk

SECTION 1 *TYPE OF BUSINESS*

SOLE PROPRIETOR	<input type="checkbox"/>	Please complete section 2 & 5 to 9.
PARTNERSHIP	<input type="checkbox"/>	Please complete section 3 & 5 to 9.
LIMITED COMPANY	<input type="checkbox"/>	Please complete section 4 & 5 to 9.
PUBLIC LIMITED COMPANY	<input type="checkbox"/>	Please complete section 4 & 5 to 9.

SECTION 2 *SOLE PROPRIETOR*

PROPRIETORS FULL NAME :

TRADING NAME OF BUSINESS :

BUSINESS ADDRESS

PRIVATE ADDRESS

Postcode:

Postcode :

Phone:

Phone :

Fax:

Fax :

SECTION 3 *PARTNERSHIP*

TRADING NAME OF BUSINESS :

BUSINESS ADDRESS (Please list names and private addresses of all partners)

Postcode :

Postcode :

Phone :

Phone :

Fax :

Fax :

If more than two partners, please continue list on a separate sheet.

SECTION 4 LIMITED COMPANY OR PUBLIC LIMITED COMPANY

TRADING NAME IF DIFFERENT :

TRADING ADDRESS

ACCOUNTS ADDRESS

Postcode:

Postcode :

Phone:

Phone :

Fax:

Fax :

REG. OFFICE ADDRESS

Postcode:

Phone:

Fax:

PLEASE LIST FULL NAMES AND PRIVATE ADDRESSES OF DIRECTORS

Postcode :

Phone :

Fax :

Postcode :

Phone :

Fax :

If more than two directors, please continue list on a separate sheet.

SECTION 5 YOUR BUSINESS

NATURE OF BUSINESS :

NUMBER OF YEARS TRADING :

TIME AT PRESENT ADDRESS :

if less than three years at this address, please list previous

BUSINESS ADDRESS

PRIVATE ADDRESS

Postcode:

Postcode :

Phone:

Phone :

Fax:

Fax :

SECTION 6 NAME AND ADDRESS OF BANKERS

Postcode:

Sort Code:

Acct No :

IS A BUSINESS BANK ACCOUNT

OR A PRIVATE BANK ACCOUNT

SECTION 7 NAME AND ADDRESS OF TWO TRADE REFERENCES

Postcode: _____
Phone: _____

Postcode : _____
Phone : _____

PERIOD OF TRADING WITH YOURSELVES
YEARS : _____

YEARS : _____

SECTION 8 MAXIMUM CREDIT LIMIT REQUIRED

During one calender month

SECTION 9 by siging this form the applicant declares all information provided to be true and accurate and that our trading terms will be met accordingly. In considering your application we may search your record(s) by using a Credit Reference Agency.They will add to your record details of our search and this may be seen by other organisations that make searches.

Signature : _____ Date : _____

Full Name : _____

FOR INTERNAL USE ONLY

CREDIT APPROVED : _____

CREDIT TERMS : _____

CUSTOMER ACCT NO : _____

Signature : _____ Date : _____

Full Name : _____