

Application for Credit Account

Battery Specialist NW, 244 Derby Road, Bootle L20 8LJ Tel: 0151 933 4646 Fax: 0151 933 4848
Email: energyxl@btconnect.com

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Company Number:
Address:			
City:	County:	Post Code:	Phone:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Plc <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Executives 1:	Title e.g; MD, Prop, Co. Sec, etc:
Address:	City: County: Post Code: Phone:
Name of Executives 2:	Title e.g; MD, Prop, Co. Sec, etc:
Address:	City: County: Post Code: Phone:

Bank References

Main Acct Bank Name:	Secondary Bankers Name:	
Account Number / Name of Acct:	Account Number / Name of Acct:.	
Address:	Address:	
How long open:	How long open:	
Phone:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date