

Credit Application Form

BUSINESS CONTACT INFORMATION

Company Name	
Company Address	
Postcode	
Phone/Fax	
Email	
Status - Limited Company, Partnership, Sole Proprietor	
Company Registration No	
Credit Limit Requested	

BANK DETAILS

Bank Name		Sort Code	
Bank Address		Account Number	
Postcode			

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
Postcode		E-mail	
Contact Name			
Company name		Phone	
Address		Fax	
Postcode		E-mail	
Contact Name			

AGREEMENT

1. All invoices are to be paid 30 days from Invoice date.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize WeatherFAST Ltd to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	