

APPLICATION FOR CREDIT FACILITIES.

Until this form has been completed and fully approved by Lampshoponline Limited, any transactions must be strictly CASH WITH ORDER.

Section 1.

Trading Title:

Statement Address/Invoice address:

(Please include Postcode)

Delivery Address

(If Different from above.)

Contact Name:

Position Held in Company

Telephone Number.

Fax Number.

Email Address.

VAT Registration Number

Company Registration No

Year Company Registered

If Private Company, please give us the name and address of Partners or Directors

Expected Monthly Turnover

Total Credit Limit Required

Accounts Contact

Accounts Telephone No

Accounts Email

APPLICATION FOR CREDIT FACILITIES.

Please circle the following answers, which apply to your business.

- | | |
|---|---------------|
| 1. Have you ever had bankruptcy proceedings instituted against you or a bankruptcy order made against you. | YES/NO |
| 2. Have you ever entered into a voluntary arrangement with your creditors. | YES/NO |
| 3. Have you ever had a court judgement entered against you. | YES/NO |
| 4. Have you ever had goods seized in order to satisfy any court judgement against you. | YES/NO |
| 5. Have you ever been a director or secretary of a Limited Company which has gone into compulsory or voluntary Liquidation. | YES/NO |

If you have answered **YES** to any of the above please give details.

If applying on the behalf of a Limited Company, please confirm whether any of the above apply to any of the directors, secretary or shareholders of the Limited Company. **YES/NO**

If **YES** please give details

Bank Details

Name:

Address:

Sort Code:

Account Number:

Accountants Name:

Address:

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Trade References – Please provide three trade references including phone number and email address:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TERMS.

Nett Monthly.

DECLARATION.

I/We hereby apply for a credit account with Lampshoonline Limited and agree to your terms as stated above.

Signed _____

Print Name _____

Position _____

Date Applied _____

DATA PROTECTION ACT 1998

“We may make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency”

Please return completed forms to: E: hello@thelightsolution.co.uk

FOR INTERNAL USE ONLY:

Account Manager Name: _____

Department: _____

References Checked: _____

Credit Checked: _____

Comments/Rating Given: _____

Credit Limit Approved: _____

Account Number: _____

Approved by (Sales): _____

Approved by (Accounts): _____