[Company name]

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Customer Credit Application Form

Complete this form to apply for a credit account with [Company name].

Business details

Legal business name	[Name]
Trading name (if different)	[Name]
Business type	[Sole trader / Partnership / Limited company / Other]
Registration number	[Number]
Registered address	[Address]
Trading address	[Address]
Phone	[Phone]
Email	[Email]
Years trading	[Number]

Key contacts

Role	Name	Phone	Email
Accounts payable			
Purchasing			

Credit requested

Credit limit requested	[Amount] [Currency]

[Company name]

Expected monthly spend	[Amount] [Currency]

Trade references

Supplier name	Contact	Phone	Account no.

Declaration

I confirm the information above is accurate. I agree to [Company name]'s payment terms ([e.g. net 30 days]) and understand that credit may be withdrawn if terms are not met. I consent to credit checks being carried out.

Sign-off

Applicant name	Applicant signature	Date

Office use only

Credit check result	[Pass / Fail / Refer]
Limit approved	[Amount] [Currency]
Approved by	[Name, date]