



GREENWICK QUARRY  
HUGGATE  
EAST YORKSHIRE  
Y042 1YR

TEL: 01377 288333  
FAX: 01377 288133

## CREDIT APPLICATION FORM

**COMPANY NAME:**

Registered Office:

Limited Company:     Sole Trader:     Partnership:

Company Registration No:

Credit Limit Request: £

---

Trading Name:

Address:

Name of Directors/Partners:

Telephone No:

Fax No:

Email:

---

Reference 1:

Name:

Address:

Reference 2:

Name:

Address:

Telephone No:

Fax No:

Email:

Telephone No:

Fax No:

Email:

---

Bankers:

Account No:

Sort Code:

---

If credit is granted, I/we undertake to adhere strictly to the Conditions of sale and  
To settle my/our account promptly and within 30 days from the end of the invoice month.

Name in block capitals:

Signature:

Date: