

**TEAM FRAMES TRADE LTD  
(TEAM FRAMES)**



**CREDIT APPLICATION FORM**

**Company Information**

Please provide basic information about the identity of the business for which you are applying for an account. For Limited Companies, the full registered office address and company registration number are required. These should be the same as your company letterhead.

Company or business Name:	
Registered Office Address: Town: County: Post Code:	
Registered Number *:	VAT Reg. No:
Expected monthly spend:	Credit Sought:
Years/months in business:	
No. of employees:	

\*Limited Companies Only

**Accounts Contact Details**

Please provide details of where invoices should be sent and the contact details of the person responsible for account payment and administration.

Invoice Address: Town County Post Code
Accounts Contact Name: Telephone: Fax:
Email

## Banking Details

Please provide details of the bankers who hold your principle business current account.

Bankers Name:
Banker Address:
County:
Post Code:
Account Name:
Sort Code:
Account No :

## Trade References

Please provide details of at least two suppliers to your business that can vouch for your company's good standing and payment of amounts due to them.

No. 1

Company or Business Name
Address Town County Post Code
Contact Name
Contact job title
Telephone Number

No. 2

Company or Business Name
Address Town County Post Code
Contact Name
Contact job title
Telephone Number

No. 3

Company or Business Name
Address Town County Post Code
Contact Name
Contact job title
Telephone Number

## Directors / Principals

Please provide details of at least one and preferably two of the directors or principals of the business, and ask them to sign to give us consent to a personal credit search, which we may carry out on them to enable us to process the business account application. Personal data given will be used for the purpose of confirming the identity and address of this individual and to help us assess the likely credit worthiness of the business for which this application is being made.

Consent to a search is not mandatory, but if not provided may affect our ability to extend credit terms to your business.

### Director / principle 1

Title, Forename and Surname:	
Home Address:	
County:	
Post Code:	
Telephone:	Mobile:
Email:	
Date of Birth :	

I confirm that I consent to a personal credit search with a credit information company for the purpose of further establishing identity and credit worthiness of the business for whom this application is being made:

Signed:

Date:

### Director / principle 2

Title, Forename and Surname:	
Home Address:	
County:	
Post Code:	
Telephone:	Mobile:
Email:	
Date of Birth :	

I confirm that I consent to a personal credit search with a credit information company for the purpose of further establishing identity and credit worthiness of the business for whom this application is being made:

Signed:

Date:

## Personal Guarantee

If you do not have an established limited company with filed accounts, we will be unable to trade on other than a pro-forma basis unless we have a personal guarantee from one of the directors / owners or shareholders of your business. Please provide details of each guarantor, who should sign on the next page.

### Date:

#### 1. Parties

**a. Team Frames Trade Ltd**

of 11 Emlyn Road, Horley, Surrey, RH6 8RX (“Team Frames”)

**b. The Business**

(Insert full company name, registration number and registered office for an incorporated business, or the business name and trading address for a partnership or sole trader)

Business / Company Name:
Registered address or trading address for a partnership or sole trader:
Company registration number:

**c. The Guarantor(s) (insert the full name, date of birth and address of each guarantor)**

Full Name	Address	Date of birth

