

Credit Application for a Business Account



Business Contact Information			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	County:	Post Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

Business and Credit Information			
Primary business address:			
City:	County:	Post Code:	
Phone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	County:	Post Code:	
Type of account: Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other <input type="checkbox"/>		Account number:	

Business and Credit Information			
Company name:			
Address:			
City:	County:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	County:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			

Business and Credit Information
1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Liquidation Plant & Machinery Ltd. to make inquiries into the banking and business/trade references that you have supplied.

Business and Credit Information	
Title: Date:	Title: Date: