

MFL Credit Application Form

Company Name:	
Sole Prop. /Partnership Names:	
Trading Name if different from above:	
Address:	
Company Registration Number:	
VAT Number:	
Date commenced trading:	
Telephone Number:	
Fax Number:	
Email Address:	
Accounts Contact:	
Name and Addresses of Directors/Partners:	
Name of Parent Company: (if any)	

First Trade Reference Name and Address:	
Second Trade Reference Name and Address:	
Third Trade Reference Name and Address:	
Bank Account Name:	
Bank Sort Code:	
Bank Account Number:	
Monthly Credit Requirement:	

By signing this form, you wish to apply for credit facilities and agree to abide by our credit terms of 30 days from date of invoice. You confirm that you are fully aware of our conditions of trading and agree to abide by them. Failure to comply with these terms will result in immediate removal of credit facilities.

Signed for and on behalf of:

(Title: Director, Co. Secretary, Partner or Sole Prop.)

Name of Company/Partnership:

Date:

MFL Use Only:

Credit Check Performed:	Yes/No
Approved/Rejected:	
Credit Limit:	
Date:	
Signed:	