



Application for Credit Facilities

Please ensure that this form is completed in full and returned to the Credit Control Department at the address started below. Please use Block Capitals. Completion of this form does not guarantee that a credit facility will be granted.

Full Registered Title / Trading Name and Address Postcode	Invoice & Statement Address (Please state the company which is actually paying the bill for this work) Postcode
Registration No:	Tel: Email Address for payment queries:
Name of Partners (For unincorporated customers only)	Home Address:
Parent Co Name:	Date of Incorporated:
Trade Ref Co & Address (1) Tel No: Fax No: Trade Ref Co & Address (2) Tel No: Fax No:	Date Trading Commenced: Description of Business:
Monthly Credit Required £	Bank Name & Address Account Name: Account Number: Sort Code:
<p>Declaration (To be signed by a director, partner or employee of the business authorised to do so)</p> <ol style="list-style-type: none"> In connection with application and subsequent requirements for a credit check to be completed, FGD Limited may carry out searches with one or more licensed reference agencies, which will retain a record. Signature of this application will be taken as authorisation to carry out searches. I/We understand that credit facility may be withdrawn if payments terms are not adhered to our credit limit exceeded. By signing below you agree to all of our terms and conditions (attached). <p>Signed: _____ Date: _____</p> <p>Print Name: _____ Position: _____</p>	
Internal Use Credit Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Credit Limit £ _____ Approved By _____	FGD Limited Smestow Bridge Bridgnorth Road Wombourne WV5 8AY Tel: 01902 893 226
Co Reg No: 5053385 VAT No: 846807984 Fax: 01902 895283	