

**APPLICATION
FOR CREDIT
FACILITIES**



TRIESSE

Lancaster Close, Sherburn Enterprise Park
Sherburn - In - Elmet, Leeds LS25 6NS
Telephone: 01977 687600
Fax: 01977 687601

COMPANY NAME

FULL ADDRESS
INCLUDING
POST CODE

TEL

FAX

A/C DEPT
CONTACT

BUYER'S NAME

CREDIT LIMIT
REQUIRED

 £

LTD COMPANY/PLC REGISTRATION NUMBER

VAT NUMBER - REQUIRED FOR
APPLICATIONS FROM OUTSIDE THE UK

IF NOT A LIMITED COMPANY OR PLC IS IT A : SOLE TRADER?

PARTNERSHIP?

CHARITY?

GOVERNMENT
ORGANISATION?

BANK DETAILS

HOME ADDRESS(ES) OF SOLE TRADER / ALL PARTNERS
(ATTACH SEPARATE SHEETS IF NECESSARY)

NAME OF BANK

FULL ADDRESS
OF BRANCH
INCLUDING
POST CODE

ACCOUNT NUMBER

SORT CODE

NAME AND ADDRESS OF TWO TRADE REFERENCES

NAME
ADDRESS

NAME
ADDRESS

TELEPHONE

TELEPHONE

Information which is provided by you may be verified and held within our records. In accordance with the terms of the Data Protection Act you accept that credit checks may be carried out by one or more licensed credit agencies who may utilise the information contained within this application for their purposes and who will retain a record of the search. Such enquiries may be carried out at any time and we may instruct a credit status agency to contact you for more information.

DECLARATION

I/We the undersigned apply to "Triesse Limited" or the "Company" for Credit facilities and declare that the information given is correct.

This document constitutes an application for credit facilities and is to be read in conjunction with the Company's Conditions of Sale (the Conditions), a copy of which is attached. In signing this document or accepting the Goods (as defined in the Conditions) which are the subject of any order submitted by you, you acknowledge that you have read and agree to be bound by the Conditions which shall be incorporated into any contract for the sale and purchase of Goods arising between the Company and you. In the event of any ambiguity or conflict between the Conditions and this document, the Conditions will prevail.

Triesse Limited reserves the right to terminate this Agreement forthwith by notice upon breach by the customer of any Conditions and all amounts then outstanding will be due forthwith. Thereafter interest will be charged on a daily basis until the account is paid in full.

SIGNED	NAME	POSITION	DATE

This form must be signed by the Sole Proprietor, ALL Partners or a Director of a Ltd/PLC Company. (If additional Partners, please include on a separate sheet)

PLEASE ATTACH COMPANY LETTERHEAD

Please note: Our standard settlement terms are 30 days net monthly

