

NEW BUSINESS AND TRADE CREDIT APPLICATION FORM

Trading Name:		Limited Company Registration No.	
		Date Business Established:	
Registered Name: (If different)			
V.A.T Number:		or tax identification number:	
Trading Address:		Registered Office Address:	
Country:		Country:	
Postcode/Zipcode:		Postcode/Zipcode:	
Telephone No(s) inc. country code:		Telephone No(s) inc. country code:	
Contact Name for Purchasing:			
Contact Email for Purchasing:			
Contact Name for Accounts:			
Contact Email for Accounts:			
Nature of Business: Sole Trader / Partnership / Limited Company / Other - please specify:			
Account Name:		Estimated value of monthly purchases: £ / \$ / €	
Name of Bank:			
Sort Code: - -		IBAN:	
Account No:		Swift Code:	
Please supply two trade references able to speak for this level of business (not applicable to NHS organisations)			
1.		2.	
Email:		Email:	
Tel No:		Tel No:	
CREDIT TERMS: Standard payment terms 30 days from date of invoice unless otherwise agreed in writing.			
I/we give my/our consent to a credit search being made on me/us as owner/partner/director of this organisation both now and at any future date. I understand this search will be recorded by the credit reference agency.			
Authorised Signature:		Name: (please print)	
Position in Company:		Date:	
Office use only: -			
Credit Limit Approved: £ / \$ / € (delete as appropriate)		Date: / /	
		Authorised by:	

Please return the completed form to: Biocomposites Ltd, Keele Science Park, Keele, Staffordshire ST5 5NL