

## CREDIT APPLICATION

Date: \_\_\_\_\_

*Please Complete All Fields*

**COMPANY  
INFO**

Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 A/P Contact Name: \_\_\_\_\_ A/P Contact Email: \_\_\_\_\_  
 \_\_\_\_\_  
 A/P Telephone: \_\_\_\_\_ Invoice Email: \_\_\_\_\_

**DESCRIPTION  
OF BUSINESS**

Annual £ Turnover \_\_\_\_\_ In Business Since \_\_\_\_\_ No. of Employees \_\_\_\_\_ Amount of £ Credit Requested \_\_\_\_\_

**COMPANY TYPE**

Limited Company       PLC       Sole Trader

**LICENSING  
INFORMATION**

Company Registration Number: \_\_\_\_\_ VAT Registration Number: \_\_\_\_\_  
 \_\_\_\_\_

**BANK  
REFERENCES**

**Bank Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Bank Acct. No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sort Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**TRADE  
REFERENCES  
(3 MINIMUM)**

\*Email Required

Name: _____	Contact Name: _____
Address: _____	
Address: _____	
Telephone: _____	Email*: _____
Name: _____	Contact Name: _____
Address: _____	
Address: _____	
Telephone: _____	Email*: _____
Name: _____	Contact Name: _____
Address: _____	
Address: _____	
Telephone: _____	Email*: _____

**Return Form to: Julie Olson ~ Jolson@bapihvac.com**