Please return (fully completed) to:
AE Faulks Ltd, The Wharf, Main St., Hickling, Melton Mowbray, Leicestershire LE14 3AH
Tel: **01664 822797** Fax: 01664 823382 Email: paul@aefaulks.co.uk

AE Faulks Ltd
www.aefaulks.co.uk

CREDIT APPLICATION FORM - NON LIMITED COMPANIES

Please complete in CAPITALS

Trading as:

Please tick: ☐ Sole Trader ☐ Partnership ☐ Limited Liability Partnership

Period Established: ☐ 0-6 months ☐ 6-12 months ☐ 1-3 years ☐ 3 - 6 years ☐ Over 6 years

Trading Address:	**Trading Contact Name:**
	Job Title:
	Mobile Nr:
Post Code:	Email:
Main Tel:	**Accounts Contact Name:**
Main Email:	Acc Tel:
Web Address:	Acc Email:

Please note a credit check may be performed on the **Proprietor/ Senior Partner / Sole Trader**	**VAT Registration Nr:**
Full Name: D.O.B:	Are you CIS Registered: Yes ☐ No ☐
Home Address:	Are you classified as an end user under S55A VATA 94?: Yes ☐ No ☐
Post Code:	**UTR Nr:**

2nd Senior Partners Details:	**Bank Account:**
Full Name:	Address:
Home Address:	Post Code:
	Account Nr: Sort Code:
Post Code:	

NB. By signing below you authorise AE Faulks Ltd to contact your bank and verify that these bank details are correct.

Total amount of credit required:
(This figure relates to the total outstanding balance at any one time) £

Trade References: (name & address)
Please supply below details of two plant or tool hire companies we can approach to obtain credit references. These should be current suppliers who extend credit to at least the same amount as your current application. These companies should not be connected with you or your company in any way, other than a normal trading relationship. Please note that without two satisfactory trade references the application can not be processed.

Trade Reference 1 Name:	**Trade Reference 2 Name**:
Address:	Address:
Post Code:	Post Code:
Contact Name:	Contact Name:
Tel:	Tel:
Email:	Email:

ACCEPTANCE OF TERMS

I, the undersigned hereby confirm acceptance of your terms and conditions of sale and agree to be bound by them and that you will be paid in accordance with your credit terms of 30 days from the end of the month of invoice. We enclose a sample of our business letterhead.

Signature:		Date:
Print name:		Job Title:

For Office Use Only:

Credit Limit:	£	Account No:
Authorised:		Remarks:
Date:		