



West Avenue
 Crewe
 Cheshire. CW1 3AD
E-mail: jay@wickedimports.co.uk
Tel: 0870 034 7909 **Fax:** 0870 199 1055

**PLEASE COMPLETE AND FAX THIS FORM TO 0870 199 1055
 ALTERNATIVE SCAN AND EMAIL TO JAY@WICKEDIMPORTS.CO.UK**

APPLICATION FOR CREDIT FACILITIES

Full Business Name and Address

.....

Post Code..... Tel No.....

Fax No.....

(1) Date formed Company Registered No

Vat Registration No

(2) If a company with limited liability, please state the address of your registered office

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(3) If not a company with limited liability, please state whether sole ownership or partnership and indicate below Name(s), addresses of Sole Owner / all Partners (reference Section 29, 1981 Companies Act.

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(4) Name & address of customers bank

(5) Name & addresses of two suppliers able to provide trade reference for the amount of our enquiry (a)

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(b)

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(6) Average amount of credit required each month £.....

ALL ACCOUNT INVOICES MUST BE PAID IN FULL WITHIN 30 DAYS FROM INVOICE DATE.

You give permission for Wicked Imports to search on the above information for the purposes of applying credit to your account.

All account and payment information is check by Experian and all payments are reported to Experian.

(7) I / We agree to the above conditions on behalf of

SIGNED DATE STATUS

(TO PROCESS YOUR APPLICATION FOR CREDIT TERMS, NoS 1,4,5,6,7 AND EITHER 2 OR 3 **MUST** BE COMPLETED)

FOR OFFICE USE ONLY CORRECT ON SYSTEM CHECKED EXPERIAN.....

CLEARED BY DATE CREDIT LIMIT

CUSTOMER INFORMED DATE ACCOUNT REF

FORM ISSUED FROM BRANCH DATE