

ON BEHALF OF THE COMPANY DETAILED BELOW, I REQUEST CREDIT FACILITIES AND ACKNOWLEDGE THAT ALL BUSINESS WILL BE SUBJECT TO YOUR TERMS AND CONDITIONS OF SALE.

CREDIT APPLICATION

| | | | | | |
|------------------------|------------|---|--------------|---------------------------------|--------------------------|
| COMPANY NAME: | | CO REGISTRATION NO: | | REGISTRATION/COMMENCEMENT DATE: | |
| FULL BUSINESS ADDRESS: | | REGISTERED ADDRESS OR ADDRESS OF SIGNATORY IF NOT LTD CO: | | | |
| | | | | | |
| | | | | | |
| | POST CODE: | | | POST CODE: | |
| TEL NO: | FAX NO: | LIMITED CO: | PARTNERSHIP: | SOLE TRADER: | MONTHLY CREDIT REQUIRED: |
| ACCOUNTS DEPT CONTACT: | | FINANCIAL CONTROLLER: | | MAXIMUM CREDIT REQUIRED: | |

| | | | |
|-------|-----------------|-------------|------------|
| DATE: | TITLE/POSITION: | PRINT NAME: | SIGNATURE: |
|-------|-----------------|-------------|------------|

IF YOU ARE NOT A LIMITED COMPANY PLEASE PROVIDE A SHEET OF LETTER HEADED PAPER SHOWING ALL PARTNERS/PRINCIPALS AND THEIR HOME ADDRESSES, TELEPHONE NUMBERS AND SIGNATURES.

PLEASE SUPPLY THE NAMES AND ADDRESSES OF TWO RAW MATERIAL SUPPLIERS WHO MAY BE APPROACHED AS REFEREES AND CAN SPEAK FOR THE AMOUNT OF CREDIT THAT YOU ARE REQUESTING.

| | |
|----------------|------------|
| SUPPLIER NAME: | |
| FULL ADDRESS: | |
| | |
| | POST CODE: |
| TEL NO: | FAX NO: |
| SUPPLIER NAME: | |
| FULL ADDRESS: | |
| | |
| | POST CODE: |
| TEL NO: | FAX NO: |

PLEASE SUPPLY THE NAME AND ADDRESS OF YOUR BANK AND SIGN THE "BANK STATUS ENQUIRY CONSENT" BELOW.

| | |
|--|------------|
| BANK NAME: | |
| FULL ADDRESS: | |
| | |
| | POST CODE: |
| TEL NO: | FAX NO: |
| BANK STATUS ENQUIRY CONSENT | |
| Until this authority is cancelled by me/us in writing, I/we consent to yourselves as our bankers providing orally and/or in writing a reference on me/us in response to this credit enquiry. | |
| SIGNATURE(S): | DATE: / / |
| (IN ACCORDANCE WITH MANDATE) | |
| ACCOUNT NO: | SORT CODE: |

OUR TERMS ARE NET MONTHLY ACCOUNT UNLESS OTHERWISE AGREED IN WRITING. PLEASE SEE REVERSE SIDE OF THE SALES INVOICE FOR FULL TERMS AND CONDITIONS OF SALE AND CREDIT OR REQUEST A COPY.

FOR OFFICE USE ONLY

| | | | | | | |
|------------------------|------|--------|------|---------------------------------|-----------|------------------------|
| CREDIT INSURERS LIMIT: | | | | DATE RECEIVED: | INITIALS: | AREA CODE: |
| £ | £ | £ | £ | PERSONAL GUARANTEE(S) REQUIRED: | | GUARANTEE(S) RECEIVED: |
| DATE | DATE | DATE | DATE | ACCOUNT NO: | | CREDIT LIMIT: |
| D & B | INFO | STATUS | IND | DIRECTORS AUTHORISATION: | | DATE OPENED: |