

Application for Credit Facilities

REGISTERED COMPANY NAME: _____

COMPANY REG. NO: _____

VAT REG. NO: _____

INVOICE ADDRESS: _____

TEL NO. _____

FAX NO. _____

TYPE OF BUSINESS:
 HOW LONG TRADING AT THE
 ABOVE ADDRESS: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

ACCOUNTS CONTACT:
 E-MAIL ADDRESS FOR
 INVOICE/STATEMENTS _____

MANAGING DIRECTOR: _____

AMOUNT OF CREDIT REQUIRED: £

FOR MAXEY MOVERLEY USE ONLY

Account No.	<input type="text"/>	Account Name	<input type="text"/>
Business Sector	<input type="text"/>	Account Manager	<input type="text"/>
Credit Limit	<input type="text"/>	Authorised by	<input type="text"/>
Credit Score	<input type="text"/>	Date	<input type="text"/>

Please return the completed form by email to customerservices@maxeymoverley.com or by post to:

Customer Services
 Maxey Moverley Limited
 6 Broad Ground Road, Lakeside
 Redditch B98 8YP