

Credit application form



Gift Selection
Centurion House
Centurion Way
Farington
Preston PR25 3GR
United Kingdom
Tel: 0845 481 8090
Fax: 0845 481 8099
email: sales@giftselection.com

Company Trading Name _____
Address _____

Postcode _____
Tel no. _____
Fax no. _____
E-mail _____

Amount of credit required £ _____

Type of Business (Specify Industry) _____

Year of Incorporation: _____

Sales Contact _____

Co. Registration no: _____

Accounts Contact _____

VAT Registration no: _____

Sole Proprietor/Partnership

Please give full names(not initials) of proprietors/all partners

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Tel no. _____	Tel no. _____

Limited/Public Limited Companies

Address of Registered Office
(if different from above)

Trade References

Company _____	Company _____
Address _____	Address _____
_____	_____
_____	_____
Tel no. _____	Tel no. _____
Fax no. _____	Fax no. _____
Contact _____	Contact _____

Bank Details

Bank: _____
Branch: _____
Address: _____

Sort Code: _____
Account No: _____

Declaration

I/we authorise Gift Selection to take any references necessary in order to open a credit trading account.

I/we have authority to sign for and on behalf of the aforementioned company and agree to adhere to Gift Selections' terms & conditions

Signed _____ Position: _____
Full Name (please print) _____ Date: _____

For office use only	Account No
DUNS No	Authorised
NCM Ref	
Rec facility £	