



AGGREGATES LIMITED

64High Street Thrapston Northants NN14 4JH Telephone (01832) 732156 Fax No. (01832) 733883

Business / Trading Name: Business / Trading Address:

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Main Telephone No: Purchase Ledger Tel No: Fax No.:

Mobile Tel No: E-mail:.....

Type of Business: Public Limited Company: Private Limited Company: Sole Trader: Partnership:

Are any of the directors, owners or partners in this business un-discharged bankrupts? Yes / No

Have any of the directors, owners or partners of this business held any other credit accounts with this company? Yes / No

If so, please list account names:

Limited Companies Only

Co. Registration Number: Date of Formation: Parent Company:

Sole Traders / Partnerships Only Home address(es) of proprietor / all partners:

Full Name: Home Address:
..... Date of Birth:.....

Full Name: Home Address:
..... Date of Birth:.....

Full Name: Home Address:
..... Date of Birth:.....

Full Name: Home Address:
..... Date of Birth:.....

Trade References

Company Name: Address:.....
..... Current Credit Limit: £.....

Company Name: Address:
..... Current Credit Limit: £.....

In processing your application for credit facilities, we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms, and I hereby undertake to abide by your Terms and Conditions (a copy of which is available upon request).

Must be signed by a director, partner or proprietor of the business

Signed : Print Name: Position: