

APPLICATION

FOR

COMMERCIAL CREDIT

Please complete and return to CPA Member:



We are members of the Credit Protection Association
020 8846 0000



Full name of Applicant (and trading name if different)

Trading Address

Tel No Fax No

Registered Office (if different from above)

Business type: Limited Company Sole Trader Partnership

Year trading commenced If Limited Company, Reg. No

If Partnership give **full names** (not initials) and home addresses of ALL partners (Use a separate sheet if necessary)

1

2

REFERENCE

Name address, telephone number and contact details of 2 principal suppliers

Supplier 1 Value of monthly Purchases £

Supplier 2 Value of monthly Purchases £

Name of Bankers Branch

Sort Code

Account Number

Maximum anticipated monthly credit required from us £

Name of the person responsible for paying our account on time

DECLARATION BY APPLICANT SEEKING CREDIT

- I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it will result in the matter being referred to the Credit Protection Association for recovery of the invoice debt; if so, we agree to indemnify you against the costs you incur in referring the matter to CPA to pursue the debt including CPA's current applicable fees for writing to us, any commission payable by you to CPA, all reasonable incidental costs of recovering the debt and interest as applicable.
- We understand that as a part of your assessment of us for the granting of credit, you will send details of our application to CPA On-Line Limited who will search databases to which it has access. It may also search a credit reference agency for information relating to us (and in the case of a non-limited business, also relating to the proprietors). The credit reference agency will record the fact of that search in the name of CPA On-Line Limited.
- I authorise our bankers to provide an opinion as to our suitability for the requested account.

SIGNED **NAME** (please print)

DATE **POSITION**

(Now please return this form to the CPA Member shown above top right)