

Mick Gould Commercials Limited - Application for credit facilities

Trading Name:-	Company Name:-
Trading Address:-	Registered Office Address (where applicable) :-
Telephone Number:-	Email:-
Years Established:-	Company Registration Number:-

Names of Directors:-

Name & Address of Bankers:-

Sort code: _____ Account number: _____

Two Trade References:-

1) Name:	2) Name:
Address:	Address:
Email:	Email:

Address for Statements to be sent:-	Contact Names:-
	General:
	Accounts:
Email:	

D E C L A R A T I O N

I / We Agree

- 1) To pay in full the amount owing to MICK GOULD COMMERCIALS LIMITED by the thirtieth day of the month after the services/goods were invoiced.
- 2) That all goods supplied on this account shall remain the property of MICK GOULD COMMERCIALS LIMITED until full payment is made.

Please enclose copy of letterhead with application

Signed:-	Capacity:-	Date:-
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