

Mick Gould Commercials Limited - Application for credit facilities

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

Names of Directors:-

Name & Address of Bankers:-

Two Trade References:-

1)	2)

Address for Statements to be sent:-	Contact Names:-

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 supplied.
 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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