



Wroot Road Quarry, Wroot Road
Finningley, Doncaster, DN9 3DU

Tel: 01302 772233 Fax: 01302 772113

For Office Use Only:

Ledger Account Code Authorised Credit Limit £.....
Sales ID Signed

APPLICATION FOR CREDIT FACILITIES

(NB PLEASE COMPLETE IN BLOCK CAPITALS)

I/We wish to apply for a Credit Facility of £

COMPANY DETAILS

Full Trading Name or Title

Address Street
.....

Town/City

County Post Code

Telephone Number

Fax Number

Company Registration No Years Established

Type of Business Organisation Sole Trader/Partnership/Limited Company

Nature of Business

Registered Office Address
(if different from above)

Name and Address of Owners/Partners/Directors

.....
.....
.....

Do your invoices require an order number? Yes/No

BANK DETAILS

Name of Bank

Address of Bank

.....

Account Name

Account Number Sort Code

IWE REFER YORKSHIRE MINIMIX LIMITED TO THOSE NAMES BELOW FROM WHOM CONFIDENTIAL REFERENCES MAY BE OBTAINED

PLEASE PROVIDE TWO REFERENCES WITH WHOM YOU HAVE A SIMILAR CREDIT FACILITY. PLEASE DO NOT PROVIDE BUILDERS MERCHANTS, AGGREGATE SUPPLIERS, OR UTILITY COMPANIES AS TRADE REFERENCES.

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COMPANY NAME		
ADDRESS STREET		
TOWN/CITY		
COUNTY		
POST CODE		
FAX NUMBER		
PHONE NUMBER		

1. The references you have given above will be taken up as soon as possible. We will inform you in writing when your account has been opened. Until such time as you receive our acceptance of this application, any goods or services supplied must be on a cash basis.
2. To enable us to process your application please provide a company letterhead, and complete the following declaration:

DECLARATION

We undertake to adhere strictly to the terms and conditions of your quotations and to settle our account promptly on or before the last day of the month following that in which the goods were supplied.

AUTHORISED SIGNATORY	
POSITION	
DATE	