

## Application for Commercial Credit

Please complete in full in **BLOCK CAPITALS** and return to [finance@usb2u.co.uk](mailto:finance@usb2u.co.uk)

Company/Applicants Full Name: .....

Company/Applicants Address: .....

..... Postcode .....

Type of Business:    Ltd Co.     Sole Trader / Partnership     Government / Local Council

Education     NHS

If Ltd Co, Reg Office Address (if different to above) .....

.....  
Sales/Purchasing Contact Name: .....

Tel/Fax No: ..... Email: .....

Sales/Purchasing Address: .....

.....  
Accounts Contact Name: .....

Tel/Fax No: ..... Email: .....

Accounts Address: .....

.....  
Company REG No: ..... VAT No: .....

Charity REG No: .....

Required Credit Limit: .....

I/we agree the credit account facility will be on your stated terms, and that adherence to this obligation is the essence of the contract between us. **Our payment terms are 30 days from date of invoice.**

Signed: ..... Full Name: .....

Position: ..... Date: .....