

Jami Qs Ltd
 Abbey Road,
 The Wrexham Industrial Estate
 Wrexham LI13 9RF

Tel: 01978 660220, Fax 01978 664604
 E Mail: lesleypeate@jamiqs.co.uk



NON REGISTERED BUSINESS CREDIT APPLICATION FORM

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Business Details:				
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Name of Business:				
Business Address:				
Post Code				
Telephone		Fax:		
Email				

Time in Business	years		months	
Time at this Address	years		months	

If less than 2 years please supply previous address...

Previous Address				
Post Code				

Is the Business Trading from the Proprietor's Home (Y/N):	
Are the business premises owned by the Proprietor(s) (Y/N):	

Proprietor Details:			
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	Forenames	Surname	Home Owner? (Y/N)
Applicant			
2 nd Proprietor			

Applicant's Home Address (if different from Business Address)

Home Address			
Home Post Code			

Credit Application:			
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Anticipated Monthly Purchases		Credit Limit Applied For	
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Bankers	Branch	Address	A/C Name	A/C Number	Sort Code

Trade References			
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Name	Address	Telephone	Fax
1.			
2.			
3.			
4.			

I hereby declare the above information to be true and correct. We hereby authorise our bankers to provide a bank reference. Who by their signature hereby warrants that they are an authorised signatory.

Signature		Print Name		Date	
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For Office Use Only	Credit Limit	Terms	A/C No Allocated	Credit Approved By	
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REGISTERED BUSINESS CREDIT APPLICATION FORM

Registered Company Name		VAT No.	
Trading as		Reg No.	
Please Tick	Private Ltd. Co <input type="checkbox"/>	Plc <input type="checkbox"/>	
Postal Address		Post Code	
Tel:	Fax:	Email:	
Delivery Address			
Date Business Commenced	How Long Under Present Owners		

Full Names of Owners/Directors/Partners	
1.	
2.	

Anticipated Monthly Purchases	Credit Limit Applied For
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Bankers	Branch	Address	A/C Name	A/C Number	Sort Code

Trade References			
Name	Address	Telephone	Fax
1.			
2.			
3.			
4.			

I hereby declare the above information to be true and correct. We hereby authorise our bankers to provide a bank reference. Who by their signature hereby warrants that they are an authorised signatory.

Signature of Owner/Partner/Director	Print Name
Signature Secretary/Director 2	Print Name
Date	

For Office Use Only					
Credit Limit	Terms	A/C No Allocated	Credit Approved By		