

**APPLICATION FOR CREDIT ACCOUNT  
LIMITED COMPANY / SOLE TRADER / LLP / PARTNERSHIP**



Company Name							
Registered No. (Country)		For Office Use:					
VAT Number		Account Number:					
		Date Agreed:					
		Credit Limit: £		£			
<i>Please Tick</i>	Limited		LLP		Sole Trader		Partnership
						<i>Please provide the home address of all the partners</i>	
Partner 1 or Sole Trader				Partner 2			
Address:				Address:			
County:				County:			
Post Code:				Post Code:			
Home Tel No:				Home Tel No:			
Mobile No:				Mobile No:			
D.O.B		<i>dd</i>	<i>mm</i>	<i>yyyy</i>		D.O.B	
Address for Correspondence:				Delivery Name & Address: <i>(if different from Correspondence Address)</i>			
Address:				Address:			
Reference 1				Reference 2			
Name:				Name:			
Address:				Address:			
County				County			
Post Code				Post Code			
Tel No:				Tel No:			
Mobile No:				Mobile No:			
Registered Office Address							
Address:				Contact Name:			
				Contact E-mail Address:			
				Finance Contact:			
				Finance E-mail Address:			
Banking Information							
Bank Name:				Account Name:			
Address							
Sort Code:				Account No:			
Credit Limit Required:							
Payment Terms: (Please note that Agrex standard trading terms are 30 days)							
On behalf of the above company I apply for credit from Agrex Ltd and agree to be bound by the Terms and Conditions of Trade of Agrex Limited (which are available on request). I understand that by completing this form it does not constitute a credit facility with Agrex Limited. Confirmation of facility will follow. (Please send a copy of your business letterhead with your application form )							
Full Name:							
Signed:							
Date:							
Position:							

*Please complete, print, sign and scan to shop@agrex.co.uk or post to Agrex Limited, Red Barn Offices, Scothern Road, Lincoln. LN2 2UP*