



JACK NICHOLAS
GROUP

Credit Application Form

Full trading name of Company

Please Submit with this form your letter headed paperwork and / or an official Purchase Order Form).

Date the Company was established

Please delete as appropriate PLC Limited Co. Partnership Sole Owner

Full Company Address

.....

..... Post Code

Telephone No Email:

Company Registration No Vat No

Registered Office (If different from above)

.....

.....

..... Post Code

Division / Subsidiary of

If a Partnership or Sole Owner, please state following details relevant to the Principle Partner.

Name

Home Address

..... Post Code

Telephone No. Email:

Please continue overleaf...

References

Bank Details
.....
..... Post Code
Account No Sort Code

Trade reference 1...

Name and Address
.....
..... Post Code
Telephone No Email

Trade reference 2...

Name and Address
.....
..... Post Code
Telephone No Email

Monthly Credit requested £

I / We request a Credit Trading account with Jack Nicholas Group Limited and authorise their investigation of our credit status.

I / We have read the terms and Conditions of Sale and agree to abide by the conditions set out and that payment of all accounts will be received by you (the supplier) within the stated credit terms being 30 days from date of Invoice.

I / We also agree that the deed of tittle of goods supplied will remain the property of Jack Nicholas Group Limited until they are paid for in full.

I / We acknowledge that our adherence to this obligation is the essence of the contract between us.

Signed Date
Name Position

This for must only be signed by a Director of the Company or other person duly authorised to sign on behalf of the Company.