

This form should be completed in BLOCK CAPITALS  
Send completed forms to G.05, Barking Enterprise Centre 50 Wakering Road  
Barking Essex IG11 8GN

## CREDIT APPLICATION FORM

**Please ensure all sections are completed.**

TO BE COMPLETED BY (CUSTOMER / SUPPLIER SALES REPRESENTATIVE)

Full Legal Title: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Sole Trader ☐

Partnership ☐

LLP ☐

Limited  
Company ☐

Company  
Reg No ☐

PLC ☐

(please tick where appropriate)

STATEMENT ADDRESS:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

DELIVERY ADDRESS: (if same as statement address, please state)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code \_\_\_\_\_ Phone Number \_\_\_\_\_

DETAILS OF BUSINESS:

Nature of Business: \_\_\_\_\_ Date Established \_\_\_\_\_

Number of  
Employees: \_\_\_\_\_

Details of any other Companies/Business managed by the Principals of this application current or past:

\_\_\_\_\_

**CREDIT & PAYMENTS:**

By completing this form you agree to **SEA FISH MONGERS LIMITED** carrying out credit checks and references upon your Legal title and/or trading status and where necessary individuals responsible highlighted. An offer of account credit and payment terms are based upon these. Upon completion of such checks you will be issued with one of the following Cash, 7- or 30-day account with payment falling due after the date of invoice issued.

**CHEQUES** should be made payable to SEA FISH MONGERS LIMITED.

**BACS** payment details will appear on all your invoices.

**CASH** will be required to be paid to your SEA FISH MONGERS driver upon delivery.

Please choose below the method with which your company wishes to pay invoices;

CHEQUES ☐

BACS ☐

CASH ☐

**TRADE REFERENCES:**

I/We authorise you to take up references at any time from the under mentioned bank and trade sources. NB:(We will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.)

1 Name: \_\_\_\_\_ Account Number \_\_\_\_\_  
Full Address: \_\_\_\_\_

2 Name: \_\_\_\_\_ Account Number \_\_\_\_\_  
Full Address: \_\_\_\_\_

3 Name: \_\_\_\_\_ Account Number \_\_\_\_\_  
Full Address: \_\_\_\_\_

**BANK DETAILS:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Sort Code \_\_\_\_\_ Account Number: \_\_\_\_\_

**CONTACT DETAILS**

**FOR ORDERING.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email \_\_\_\_\_

**ACCOUNTS DEPARTMENT:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax no: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DETAILS OF OWNER/PARTNERS/DIRECTORS:**

I/We have read, understood and retained a copy of your conditions of sale (including the retention of title clause) and agree to trade in accordance with these for any goods supplied.

I/We accept that title to all goods supplied to us will remain vested in SEA FISH MONGERS LIMITED until all amounts outstanding from us on any account have been paid in full to SEA FISH MONGERS LIMITED.

I/We also agree to comply with your settlement terms (specified within your conditions of sale).

I/We understand that SEA FISH MONGERS LIMITED have the statutory right to interest under the Late Payment of Commercial Debts (Interest) Act 1998 as amended by The Late Payment of Commercial Debts Regulations 2002, if settlement terms have not been adhered to.

Please provide a proof of address for those signing below e.g. Driving License

1 Name \_\_\_\_\_ Signature \_\_\_\_\_

Home Address \_\_\_\_\_

2 Name \_\_\_\_\_ Signature \_\_\_\_\_

Home Address \_\_\_\_\_

3 Name \_\_\_\_\_ Signature \_\_\_\_\_

Home Address \_\_\_\_\_

**N.B. IF THE CUSTOMER IS A LIMITED LIABILITY COMPANY, THE CONTINUING  
GUARANTEE BELOW MUST BE SIGNED BY A DIRECTOR OF THE COMPANY.**

To: **SEA FISH MONGERS LIMITED**

In consideration to you agreeing to grant credit facilities to the Company, I hereby unconditionally guarantee the due and punctual performance and observance by the Company of its obligations herein under your Conditions of Sale and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company.

Please provide a proof of address for the Director e.g. Driving License

**Name:** .....

**Position:** .....

**Signature:** ..... **Date:** .....