

# LEDecolite Limited

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Mobile:

E-mail:

Registered company address:

City:

County:

Post Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

County:

Post Code:

How long at current address?

Telephone:

Mobile:

E-mail:

Bank name:

Bank address:

Phone:

City:

County:

Post Code:

Type of account:

Account number:

Sort Code:

Credit Limit Requested £

Credit Limit Agreed £

Experian Check agreed to YES

Experian Check agreed to NO

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

County:

Post Code:

Phone:

Mobile:

E-mail:

Type of account:

Company name:

Address:

City:

County:

Post Code:

Phone:

Mobile:

E-mail:

Type of account:

### AGREEMENT

1. All invoices are to be paid 30 days from the date of invoice or 30 days month end whichever is agreed by Bank Transfer only.
2. Invoices outstanding after the agreed payment terms will incur the 8% statutory interest plus the Bank of England rate.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorise LEDecolite Limited to make inquiries into the banking and business/trade references that you have supplied.
5. Your credit limit will be based on your full Delphi Credit score as supplied by Experian Business Express.

### SIGNATURES

To be completed by applicant

To be completed by LEDecolite Limited  
Account reference number \_\_\_\_\_

Signed:

Signed:

Title:

Title:

Date:

Date:

[Email this completed credit application form to sales@inui.co.uk](mailto:sales@inui.co.uk)