

# INUI LIMITED

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title:			
Company name:		Company Reg No.	
Phone:	Mobile:	E-mail:	
Registered company address:			
City:		County:	Post Code:
Date business commenced:		Company VAT No.	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>

### 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 <input type="checkbox"/>		Experian Check agreed to NO <input type="checkbox"/>	

### 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 by Bank Transfer only, We do not accept payments by cheque.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise LEDecolite Limited to make inquiries into the banking and business/trade references that you have supplied.
4. 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 INUI Limited Account reference number _____
Signed:	Signed:
Title:	Title:
Date:	Date:

By signing and returning this application you are accepting are full terms and conditions set out on our website at [www.inui.co.uk](http://www.inui.co.uk)

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