

INUI LIMITED

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------|
| *Title: | | | |
| *Company name: | | *Company Reg No. (if applicable) | |
| *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"/> If no please indicate why in your reply | |

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 must be paid 30 days from the date of delivery 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 INUI Limited to make inquiries into the banking and business/trade references that you have supplied. **Areas marked with a "*" MUST be completed for your account to be considered for approval.**
4. Your credit limit will be based on your full Delphi Credit score as supplied by Experian Business Express.

SIGNATURES

| | |
|--|---|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">To be completed by applicant</div> Signed: Title: Date: | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> To be completed by INUI Limited Account reference number _____ </div> Signed: Title: 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

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