

## APPLICATION FOR CREDIT FACILITIES

*Please complete fully in capital letters  
Return this form marked F.A.O. Miss Tracey Fell*

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### SECTION 1 **TYPE OF BUSINESS**

SOLE PROPRIETOR	<input type="checkbox"/>	Please complete section 2 & 5 to 9.
PARTNERSHIP	<input type="checkbox"/>	Please complete section 3 & 5 to 9.
LIMITED COMPANY	<input type="checkbox"/>	Please complete section 4 & 5 to 9.
PUBLIC LIMITED COMPANY	<input type="checkbox"/>	Please complete section 4 & 5 to 9.

### SECTION 2 **SOLE PROPRIETOR**

PROPRIETORS FULL NAME :

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TRADING NAME OF BUSINESS :

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BUSINESS ADDRESS

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PRIVATE ADDRESS

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Postcode:

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Postcode :

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Phone:

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Phone :

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Fax:

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Fax :

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### SECTION 3 **PARTNERSHIP**

TRADING NAME OF BUSINESS :

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BUSINESS ADDRESS (Please list names and private addresses of all partners)

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Postcode :

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Postcode :

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Phone :

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Phone :

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Fax :

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Fax :

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If more than two partners, please continue list on a separate sheet.

**SECTION 4 LIMITED COMPANY OR PUBLIC LIMITED COMPANY**

TRADING NAME IF DIFFERENT :

TRADING ADDRESS

ACCOUNTS ADDRESS

Postcode:

Postcode :

Phone:

Phone :

Fax:

Fax :

REG. OFFICE ADDRESS

Postcode:

Phone:

Fax:

PLEASE LIST FULL NAMES AND PRIVATE ADDRESSES OF DIRECTORS

Postcode :

Phone :

Fax :

Postcode :

Phone :

Fax :

If more than two directors, please continue list on a separate sheet.

**SECTION 5 YOUR BUSINESS**

NATURE OF BUSINESS :

NUMBER OF YEARS TRADING :

TIME AT PRESENT ADDRESS :

if less than three years at this address, please list previous

BUSINESS ADDRESS

PRIVATE ADDRESS

Postcode:

Phone:

Fax:

Postcode :

Phone :

Fax :

**SECTION 6 NAME AND ADDRESS OF BANKERS**

Postcode:

Sort Code:

Acct No :

IS A BUSINESS BANK ACCOUNT

OR A PRIVATE BANK ACCOUNT

**SECTION 7 NAME AND ADDRESS OF TWO TRADE REFERENCES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_

Postcode : \_\_\_\_\_  
Phone : \_\_\_\_\_

PERIOD OF TRADING WITH YOURSELVES  
YEARS : \_\_\_\_\_

YEARS : \_\_\_\_\_

**SECTION 8 MAXIMUM CREDIT LIMIT REQUIRED**

During one calender month

**SECTION 9** by siging this form the applicant declares all information provided to be true and accurate and that our trading terms will be met accordingly. In considering your application we may search your record(s) by using a Credit Reference Agency.They will add to your record details of our search and this may be seen by other organisations that make searches.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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

**FOR INTERNAL USE ONLY**

CREDIT APPROVED : \_\_\_\_\_

CREDIT TERMS : \_\_\_\_\_

CUSTOMER ACCT NO : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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