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CREDIT APPLICATION

COMPANY NAME REQUESTING CREDIT _____
TRADING AS IF DIFFERENT TO ABOVE _____
INVOICE ADDRESS _____
LANDLINE TELEPHONE NUMBER _____
CONTACT EMAIL ADDRESS _____

TYPE OF BUSINESS PLC LTD SOLE TRADER DIVISION OF...

IF A SOLE TRADER PLEASE CONFIRM OWNERS FULL NAME AND ADDRESS

NAME _____
ADDRESS _____

COMPANY REG NO. _____
VAT No. _____

BUSINESS MARKET _____
CREDIT LIMIT REQUESTED £ _____
INCORPORATION DATE _____
MANAGING DIRECTOR _____
FINANCIAL DIRECTOR _____
SALES CONTACT _____
ACCOUNTS PAYABLE CONTACT _____

BANKING INFORMATION

NAME OF BANK _____
ACCOUNT NO _____
SORT CODE _____
CONTACT _____
ADDRESS _____

Gloveman Supplies Ltd

Vision House, Jon Davey Drive, Treleigh Industrial Estate,
Redruth, Cornwall, TR16 4AX.

t: 01209 314 759 • f: 01209 314 760 • e: sales@gloveman.co.uk



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TRADE REFERENCES

REFERENCE 1

CONTACT NAME

ADDRESS

TEL NO/EMAIL

REFERENCE 2

CONTACT NAME

ADDRESS

TEL NO/EMAIL

REFERENCE 3

CONTACT NAME

ADDRESS

TEL NO/EMAIL

**TERMS ALL INVOICES TO BE PAID 30 DAYS FROM THE DATE OF INVOICE
CLAIMS/QUERIES MUST BE MADE WITHIN 10 DAYS OF INVOICE DATE**

CUSTOMERS AUTHORISATION TO RELEASE BANK AND TRADE INFORMATION

I/ WE HEREBY AUTHORISE YOU TO WHOM THIS APPLICATION IS MADE, OR YOUR AGENTS, TO INVESTIGATE MY/OUR CREDIT WORTHINESS AND WILL PROVIDE FINANCIAL STATEMENTS, TAX RETURNS ETC., AS YOU DEEM NECESSARY.

SIGNED

PRINT NAME

POSITION IN COMPANY

DATE

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Company Reg No: 04862122 • Vat No: 819291314
Reg Office: GM Howard, Unit 17, Park Farm Business Centre, Fornham St. Genevieve, Bury St. Edmunds, IP28 6TS.