

JP HYGIENE SUPPLIES LTD

BUSINESS CREDIT APPLICATION

CONTACT INFORMATION (PLEASE ATTACH SAMPLE OF YOUR OFFICIAL LETTER HEADING)

YOUR NAME	TITLE
YOUR EMAIL	PHONE
INVOICING CONTACT NAME	INVOICING EMAIL

BUSINESS INFORMATION AS REGISTERED

COMPANY NAME			
COMPANY REGISTRATION NUMBER		VAT NUMBER	
ADDRESS		PHONE	
CITY	COUNTY	POST CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LTD CORPORTATION OTHER			

BANK INFORMATION

BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	COUNTY	POST CODE	
ACCOUNT NUMBER	SORT CODE		
CREDIT LIMIT REQUIRED	£		

BUSINESS REFERENCES

Please provide us at least three other companies your business has established credit with previously

1 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	COUNTY	POST CODE	
COMMENTS			

2 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	

JP HYGIENE SUPPLIES LTD BUSINESS CREDIT APPLICATION

CITY	COUNTY	POST CODE
COMMENTS		

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BUSINESS REFERENCES	
Continued from previous page ...	

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	COUNTY	POST CODE	
COMMENTS			

CREDIT AGREEMENT
1 All invoices must be paid within 30 days of the date issued 2 Any claims regarding an invoice issued must be made within 7 days of the date issued 3 You authorise inquiry into the banking and business references provided within this application

COMPANY REPRESENTATIVE	
1 SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS	

JP HYGIENE SUPPLIES LTD
BUSINESS CREDIT APPLICATION
01582 488851

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