



**TUFWELL**  
GLASS & BLINDS

**2009**  
**CREDIT APPLICATION FORM**

Customers full name and trading style [in Block Capitals]

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Telephone number \_\_\_\_\_ Facsimile number \_\_\_\_\_

Description of business. e. g. limited company \_\_\_\_\_

Nature of business

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Number of years established \_\_\_\_\_

Approximate average turnover \_\_\_\_\_

Company registration number \_\_\_\_\_

Address of registered office \_\_\_\_\_

Name and address of parent company if applicable

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Amount of credit required \_\_\_\_\_

Name and address of bank \_\_\_\_\_

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Name And Address Of Two Trade Referee's

1 \_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_

Declaration:- I/we request credit facilities for me/us as detailed above and undertake to make payment in accordance with the Terms and Conditions of Tufwell Glass & Blinds Limited.

Name in block capitals \_\_\_\_\_ Signed \_\_\_\_\_

Position \_\_\_\_\_

For and on behalf of \_\_\_\_\_

PLEASE RETURN THIS FORM TOGETHER WITH A COPY OF YOUR COMPANY LETTERHEAD