



TUFWELL
GLASS & BLINDS

2009
CREDIT APPLICATION FORM

Customers full name and trading style [in Block Capitals]

Telephone number _____ Facsimile number _____

Description of business. e. g. limited company _____

Nature of business

Number of years established _____

Approximate average turnover _____

Company registration number _____

Address of registered office _____

Name and address of parent company if applicable

Amount of credit required _____

Name and address of bank _____

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