



Total Tools Limited

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership (Ltd) <input type="checkbox"/> Public (PLC) <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, Post Code			

BUSINESS AND CREDIT INFORMATION

City, Post Code		Bank name:	
How long at current address?		Primary business address City, Post Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, County, Post Code		E-mail	
Type of account		Contact Name	
Company name		Phone	
Address		Fax	
City, County, Post Code		E-mail	
Type of account		Contact Name	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Total Tools Limited to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Company Internal Use: Credit approved Y / N Monthly Limit: £ _____

Approved by: _____ Date: _____