



# CREDIT APPLICATION FORM

www.mtcss.co.uk	Return to: accounts@mtcss.co.uk
Tel 01886 833381	Internal use: MTCSS contact -

Company Name and Address:		Company Registration Number:	
		Director/Partner/Owners Name:	
Telephone:	VAT No.		
Accounts Contact:	Telephone:		
Email address for statements:			
Date trading commenced:			
Any related companies:		Have any of the owners traded under another name in the past 2 years:	
Credit terms requested:		Method of payment:	
Credit limit required:			
Annual Turnover:		No of employees:	
Purchasing contact:		Email:	
Bank name and address:		Account number:	
		Sort code:	
		Length of time with bank:	
Trade reference 1:		Trade reference 2:	
Name _____		Name _____	
Address _____		Address _____	
Tel No _____		Tel No _____	
Email _____		Email _____	

I confirm that all the above details are correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Capacity: \_\_\_\_\_

Please return this form to the email address above, or by post to:  
MTCSS Ltd, Unit 5 Guinness Park Farm, Leigh Sinton, Worcs WR13 5EQ