

# CREDIT ACCOUNT APPLICATION FORM



COMPANY NAME:	REG. OFFICE ADDRESS	INVOICE & STATEMENT ADDRESS
Tel. No:	Fax No:	Email:
STATE IF A LIMITED COMPANY: YES / NO	HOW LONG ESTABLISHED YRS	
FULL NAME AND ADDRESS OF DIRECTORS/PARTNERS		
NAME AND ADDRESSES OF THREE TRADE REFERENCES		
DETAILS OF BANKERS:	AMOUNT OF CREDIT ENVISAGED EACH MONTH £	SIGNED:
NAME:		POSITION IN COMPANY:
ADDRESS:		DATE:
ACCOUNT NO:		
SORT CODE:		
<b>FOR OFFICE USE ONLY</b>		
APPROVED BY:	DATE:	
NOT APPROVED BY:	DATE:	

**IMPORTANT:** ALL DETAILS MUST BE COMPLETED IN FULL TO ALLOW YOUR APPLICATION TO BE PROCESSED  
COMPLETED FORMS TO BE SENT TO:

The Accounts Department  
 JPM International  
 Seymour House  
 5 Hampton Court,  
 Marsh Lane,  
 Hampton-in-Arden,  
 Solihull,  
 B92 0AJ