

# APS Environmental

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St Albans

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## APPLICATION FOR CREDIT FACILITIES

\*\*\*Fill in ONE of the following two sections a) Limited Companies or b) Partnerships/Firms\*\*\*

**LIMITED COMPANY:** \_\_\_\_\_

(Full Trading Style) \_\_\_\_\_

Post Code: \_\_\_\_\_

Company No: \_\_\_\_\_

Telephone \_\_\_\_\_

Fax: \_\_\_\_\_

**FIRM:** \_\_\_\_\_

(Full Trading Style,  
Address & Registered  
Business Name) \_\_\_\_\_

Name and Private \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Address of  
Partners \_\_\_\_\_

**FULL NAME AND ADDRESS OF BANKERS** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**SORT CODE:** \_\_\_\_\_

**MAXIMUM AMOUNT OF CREDIT REQUIRED**

**TRADE REFERENCES:** 1. \_\_\_\_\_

2. \_\_\_\_\_

Full name and address  
of two Companies with  
whom you have a credit  
account of comparable  
size

**I confirm the details contained herein are correct, I accept the Conditions of Sale being strictly 30 days net of invoice date and agree to abide by them.**

**SIGNATURE**

**POSITION IN COMPANY**

**PLEASE ENCLOSE A CANCELLED COMPANY LETTER HEADING WITH APPLICATION**

**FOR OFFICE USE ONLY**

APPROVED CREDIT LIMIT: \_\_\_\_\_

AUTHORISED \_\_\_\_\_