

COMMERCIAL CREDIT APPLICATION FORM

For CPA Members to consider granting of credit to customers.

Please complete and return to us the CPA Member
We are members of the Credit Protection Association, London.

OUR NAME AND ADDRESS:

SUTTON'S NURSERIES (2000) LTD
Ledsham Lane, Ledsham, Ellesmere Port
Cheshire CH66 0NB

Fax No. 0151 339 1332

Email: acraise@suttons2000.co.uk

Full name of Applicant (and trading name if different)

Trading address

Tel No Fax No Email

Registered Office (if different from above)

Business type: Limited Company Sole Trader Partnership

Year trading commenced If Limited Company, Reg. No.....

If Partnerships give **full names** (not initials) and **home address** of **ALL** partners, together with their **dates of birth**.
(Use reverse side if necessary)

1

2

Name of Bankers Branch

Sort Code						
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Account Number												
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Maximum anticipated monthly credit required from us £

Name of person responsible for paying our account on time

Telephone No.....ext.....

DECLARATION BY APPLICANT SEEKING CREDIT

- I am duly authorized by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it may result in the matter being referred to the Credit Protection Association for recovery of the invoice debt; if so, we agree to indemnify you against the costs you incur in referring the matter to CPA to pursue the debt including CPA's current applicable fees for writing to us, any commission payable by you to CPA, all reasonable incidental costs of recovering the debt and interest as applicable.*
- We/I will understand that as a part of your assessment of us for the granting of credit, you will send details of our application to the Credit Protection Association plc. who will search databases to which it has access. It may also search a credit reference agency for information relating to us (and in the case of a non-limited business, also relating to the proprietors). The credit reference agency will record the fact of that search in the name of Credit Protection Association plc.*
- We/I authorize our bankers to provide an opinion as to our suitability for the requested account.*

SIGNED NAME (Please print)

DATE POSITION

NB:- (now please return this form to the CPA member shown above).