

## APPLICATION FOR CREDIT FACILITIES

PLEASE SEND COMPLETED APPLICATION FORM TOGETHER WITH A  
COMPANY LETTERHEAD AND A COPY OF YOUR LATEST ACCOUNTS.  
PLEASE PRINT IN BLOCK CAPITALS.

### YOUR COMPANY DETAILS

COMPANY NAME \_\_\_\_\_

TRADE NAME  
(IF DIFFERENT) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

TYPE OF BUSINESS PLC  LIMITED COMPANY  PARTNERSHIP  SOLE TRADER

COMPANY REG. NO. \_\_\_\_\_ DATE OF INCORPORATION \_\_\_\_\_

DIRECTORS/PRIN'PLS 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

ADDRESS OF  
REGISTERED OFFICE \_\_\_\_\_  
\_\_\_\_\_

NAME OF HOLDING  
COMPANY (IF APPLICABLE) \_\_\_\_\_

(please use a separate page if required)

FULL NAME OF DIRECTORS/PRINCIPALS

1 \_\_\_\_\_ 2 \_\_\_\_\_

HOME ADDRESS OF PRINCIPLES IF NON LTD.

\_\_\_\_\_  
\_\_\_\_\_

TIME AT ADDRESS IF NON LTD \_\_\_\_\_

IF LESS THAN ONE YEAR PLEASE GIVE DETAILS OF PREVIOUS ADDRESS \_\_\_\_\_

AMOUNT OF CREDIT REQUIRED £ \_\_\_\_\_

Head Office:

37 Fairfield Place, College Milton, East Kilbride, G74 5LP

email: [enquiries@kerrcompressors.co.uk](mailto:enquiries@kerrcompressors.co.uk)

• Telephone: 01355 248 222 • Fax: 01355 249 274



Registered in Scotland No. SC90095

## YOUR INVOICING DETAILS

STATEMENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PAYMENT CONTACT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_

INVOICE ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PURCHASE CONTACT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL. \_\_\_\_\_

IF FURTHER ADDRESSES REQUIRED PLEASE ADVISE SEPARATELY

NATURE OF BUSINESS \_\_\_\_\_

## TRADE REFERENCE

TRADE REFERENCE 1) \_\_\_\_\_  
\_\_\_\_\_

CONTACT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL. \_\_\_\_\_

TRADE REFERENCE 2) \_\_\_\_\_  
\_\_\_\_\_

CONTACT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL. \_\_\_\_\_

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## YOUR BANK DETAILS

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SORT CODE \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

I apply for a credit account having provided the information to the best of my knowledge and belief and agree to Kerr Compressor Engineers (EK) Ltd approaching our Bankers for a reference.

You will be advised whether your application has been successful and the credit limit set as soon as possible. Thank you for completing this application and supplying the information required.

Payment of your account: 30 days.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_ POSITION \_\_\_\_\_

Thank you for completing this application form and supplying the information required.

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