



# APPLICATION FOR COMMERCIAL CREDIT

**Inter-Line South West Limited**  
 Woodland Close  
 Old Woods Trading Estate  
 Torquay  
 TQ2 7BD  
 Tel: 01803 616183 Fax: 01803 616362  
 Email: info@inter-line.co.uk

Full name of Applicant And Trading name if different			
Trading address		Postcode:	
Telephone No		Mobile Number	
Fax No		Email address	

In line with current trade and company practices, Inter-line will send invoices and statements electronically. The prime method will be via email, and then by fax. However we can provide printed copies – please contact our credit control. Please tick the box below for your preference and provide any email or fax number below for the documents to be sent to if different from the email / fax provided above:

Email  Fax  \* please Tick relevant box

Document Fax No		Document Email	
Date of Birth		N.I. Number	
? Does a Purchase Order number need to be quoted at time of order/collection			Yes/No
Registered Office (if different from above)			
If limited Company, Registration No		Year commenced trading	
Business or type of trade	Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/>		
* please tick relevant box above			
If Partnership give full names (not initials) and home addresses of ALL partners (Use a separate sheet if necessary)			

1	
2	

Maximum anticipated monthly credit required from us	£
Name of the person responsible for paying our account on time	

### DECLARATION BY APPLICANT SEEKING CREDIT

- I am duly authorised 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 will result in the matter being referred for recovery of the invoice debt; if so, we agree to indemnify you against the costs you incur.
- Data Protection Act 1998 Notice -Where I provide you with personal data I understand that the data will be held securely, in confidence and processed for the purpose of carrying out your business and associated activities. In considering my/our application I accept that you may consult with and disclose the data to credit reference agencies, credit insurers and other responsible organisations outside your business that you have nominated and that such third parties may process the data. I understand that under the Act I have a right to know what data you hold on me if I apply to you in writing and pay the applicable fee.
- I authorise our bankers to provide an opinion as to our suitability for the requested account.

SIGNED		NAME (Please Print)	
DATE		POSITION	

Please return this form along with a copy of your current letterhead if a Limited company to the address shown above top right.  
 If not Limited please provide identification such as current passport or driving licence