



# concept furniture international ltd

## Application for Credit Facilities

Main Contact Name: \_\_\_\_\_ Position \_\_\_\_\_

Full Company Name: \_\_\_\_\_ Limited: Yes / No

Full Company Address: \_\_\_\_\_

Address of Registered Office: \_\_\_\_\_  
*If different from above*

Desired Credit Limit: £ \_\_\_\_\_

Registration Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Names & Positions of Contact in Your Organisation...

### Accounts Department

Name: \_\_\_\_\_

Tel Number: \_\_\_\_\_

### Sales Department

Name: \_\_\_\_\_

Tel Number: \_\_\_\_\_

### Bankers Name & Address

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

Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

### Two Trade References (Please also attach Company Letterhead)

1. : \_\_\_\_\_ 2. \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

We certify that we agree to accept the terms & conditions set out by Concept Furniture International Limited, and confirm that payment of all invoices will be made in accordance to the terms, if satisfactory references have been obtained. Until we issue with an authorised credit account, it is necessary that all orders be accompanied with full payment. Thank you for your co-operation

Signed : \_\_\_\_\_ Position : \_\_\_\_\_ Date: \_\_\_\_\_

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