



Credit Application Form

Please complete in block capitals

Customer's full name, address and trading style _____

Telephone number _____ Email address _____

Description of business _____

Number of years established _____ Approximate annual turnover _____

Company Registration Number _____

Address of Registered Office _____

Name and Address of Parent Company (if applicable) _____

Amount of credit required _____

Name and address of bank _____

Names and addresses to two trade referees

1. _____

2. _____

**Declaration: I/we request credit facilities for me/us as detailed above and undertake to make payment in accordance with
the Terms and Conditions of Tufwell Glass**

Print name _____ Position _____

Signed _____ For and on behalf of _____

PLEASE RETURN THIS FORM TOGETHER WITH A COPY OF YOUR COMPANY LETTERHEAD TO THE

ADDRESS ABOVE BY POST OR EMAIL.