

APPLICATION FOR CREDIT FACILITIES

COMPANY DETAILS

Company Name (Full Legal Trading Title)	
<hr/>	
Company Registration No. _____	VAT Registration No. _____
Company Registered Office (including Postcode)	
<hr/>	
<hr/>	
Private Address of all Individuals if Sole Trader/Partnership	
<hr/>	
<hr/>	
<hr/>	
Company Trading Address (including Postcode)	
<hr/>	
<hr/>	
Telephone Number _____	
Date Business Commenced Trading _____	
What buying group do you belong to if any? _____	
What products are you interested in purchasing from us?	
<hr/>	

ACCOUNTING DETAILS

Company Invoice & Statement Name & Address (including Postcode)	
<hr/>	
<hr/>	
<hr/>	
Accounts Payable Contact Name: _____	
Accounts Payable Email Address: _____	
Invoices are posted to the invoice address given above, if you require invoices to be emailed please give details of the email address below	
<div style="border: 1px solid black; height: 40px;"></div>	



ROBINSON YOUNG LTD
IBSON HOUSE, EASTERN WAY
BURY ST EDMUNDS
SUFFOLK IP32 7AB
www.robinsonyoung.co.uk
Registered in England No. 1067101
VAT No. GB105774081

APPLICATION FOR CREDIT FACILITIES

PURCHASING & DELIVERY DETAILS

Company Delivery Name & Address (including Postcode)	
<hr/> <hr/>	
Purchasing/Buyer Contact Name:	<hr/>
Purchasing/Buyer Email Address:	<hr/>
Purchasing/Buyer Direct Telephone Number:	<hr/>

OTHER INFORMATION

Is this an application for a Proforma Cash Account Only?	YES/NO
If No please advise credit limit required	£ <hr/>
Please note our terms are strictly 30 days from date of invoice. If you believe you should have different terms please give details below and reasons for request.	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Please allow 7-10 days before contacting our Credit Control department regarding this application so Trade references can be obtained Robinson Young Ltd perform a credit check based on the details you provide, so please make sure you give accurate details above. Failure to do so, may delay your application for credit	
We certify that the above information is correct and we give Robinson Young Ltd permission to obtain references in order to process our account	
Signed <hr/>	Title <hr/>
Name <hr/>	Date <hr/>
Position <hr/>	
No form will be processed without a signatory	

PLEASE RETURN YOUR COMPLETED FORM TO CREDIT.CONTROL@RY.TM THANK YOU