



ROBINSON YOUNG LTD  
IBSON HOUSE  
EASTERN WAY  
BURY ST EDMUNDS  
SUFFOLK  
IP32 7AB

Registered in England No. 1067101  
VAT No. GB105774081  
[www.robinsonyoung.co.uk](http://www.robinsonyoung.co.uk)

### APPLICATION FOR CREDIT FACILITIES

#### COMPANY DETAILS

Company Name (Full **Legal** Trading Title)

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Registration No. \_\_\_\_\_ VAT Registration No. \_\_\_\_\_

Company **Registered** Office (Including Post Code)

\_\_\_\_\_

\_\_\_\_\_

Private Address of all Individuals if Sole Trader/Partnership

\_\_\_\_\_

\_\_\_\_\_

Business Type (ie Wholesaler, Retailer, Online Etailer etc.): \_\_\_\_\_

Date Business Commenced Trading: \_\_\_\_\_

What buying group do you belong to if any? \_\_\_\_\_

What products are you interested in purchasing from us? \_\_\_\_\_

\_\_\_\_\_

#### ACCOUNTING DETAILS

Company Invoice & Statement Name & Address (Incl Post Code)

\_\_\_\_\_

\_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Accounts Payable Email Address: \_\_\_\_\_

Please provide email address for invoices:



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**PURCHASING & DELIVERY DETAILS**

Company Delivery Name & Address (Incl Post Code)

**THIS MUST BE A COMMERCIAL PREMISES WHICH ACCEPTS PALLET DELIVERIES FROM A SIDE CURTAINED LORRY**

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

Purchasing/Buyer Contact Name: \_\_\_\_\_

Purchasing/Buyer Email Address: \_\_\_\_\_

Purchasing/Buyer Direct Telephone Number: \_\_\_\_\_

**OTHER INFORMATION**

Is this application for a Proforma Cash Account only? (Delete as applicable) **YES or NO**  
**ETAILERS WILL BE PROFORMA UNTIL WE HAVE 6 MONTHS TRADING HISTORY**

If applying for a credit facility please complete our Terms and Conditions. Failure to do so will delay your application for credit.

Please note our credit terms are strictly 30 days from date of invoice. If you believe you should have different terms please give details below and reasons for this request.

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

Robinson Young Ltd perform a credit check based on the details you provide, so please make sure you give accurate details above.

We certify the above information is correct and we give Robinson Young Ltd permission to obtain references to process our account application.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

No forms will be processed without a signatory

**PLEASE RETURN YOUR COMPLETED FROM TO CREDIT CONTROL DEPT: [credit.control@ry.tm](mailto:credit.control@ry.tm)**