

WATSONS TIMBER LTD

Unit 8 Bath Street,
Walker, Newcastle Upon Tyne NE6 3PH

Tel / Fax: 0191 263 8499

APPLICATION FOR CREDIT

Please complete the appropriate sections below. Sign and date form and return to us together with a copy of your letterhead.

Full Company Name _____ LTD/PLC		Co. Registration No. _____
Trading Name (If trade name is different) _____		Co. VAT. No. _____
Business/ Invoice _____	Address: _____	Post Code _____
Telephone No.: _____		Fax No.: _____
Name & Address of Owner/s: _____ _____ _____		
Post Code: _____		
I am a Director of the above Company and certify that the company is solvent and not at risk of going into insolvent liquidation		
Signed _____		Date _____
Name (Print) _____		for and on behalf of the above company
Nature of Business _____	How Long Established _____	
Name & Address _____	Account No: _____	Sort Code: _____
Of Bank: _____	Contact for Accounts Payable _____	
Please insert the amount of total credit facility which is requested : £ _____		
TRADE REFERENCES		
Trade Reference (1) _____	Trade Reference (2) _____	
Address: _____	Address: _____	
Telephone No. _____	Telephone No. _____	
Fax No. _____	Fax No. _____	
This form must be signed by a Proprietor, Director of Company Secretary		
Signature _____	Print Name _____	
Date _____		

Vat Registration no. 817 5928 95
Company no. 4854100