



STAINERS

389 Ringwood Road, Parkstone, Poole, Dorset BH12 4LT
Tel: 01202 744061 Fax: 01202 746072
enquiries@stainerssafetyfootwear.co.uk
www.stainerssafetyfootwear.co.uk

CUSTOMER CREDIT APPLICATION

Full Business Name _____

Contact Name _____

Address _____

Tel. _____

Fax. _____

E-mail _____

Trading Status: Industrial / Partnership / Limited Company / PLC
(delete as applicable)

Period Established: Up to 1 year / 1 to 3 years / Over 3 years
(delete as applicable)

Company registered Office _____
(if different from above)

Company Reg No. _____

Names of All Directors _____

Bank Details

Account Name _____

Account No. _____

Sort Code _____

Bank Address _____

Trade References

Name _____

Tel & Fax No _____

Address _____

Name _____

Address _____

Tel & Fax No _____

Address _____

I / we declare that the above information is correct and I / we accept that terms of payment are 30 days from the date of Statement.

Signature _____

Name _____

Position _____

Date _____

THE ATTACHED BANK STATUS ENQUIRY AUTHORISATION MUST ALSO BE COMPLETED

Bank Status Enquiry

Name of Bank _____

Branch Address _____

Sort Code _____

Account No _____

Account Name _____

We hereby authorise our bank to provide their opinion of our ability to meet a financial commitment of

£ _____ per month, to:

Stainers Footwear
389 Ringwood Road,
Parkstone,
Poole, Dorset
BH12 4LT

Signed _____

For and on the behalf of _____

Date _____

FOR USE BY STAINERS FOOTWEAR

TO THE ABOVE NAMED BANK

Please provide your opinion concerning the above.

We enclose herewith a cheque for £ _____ to cover your administration fee and request that you send us your receipt for VAT purposes

Signed _____

Date _____