



9 Victoria Way
Pride Park
Derby
DE24 8AN
Tel. 01332 290173
Fax. 01332 292306

CREDIT APPLICATION FORM

Name of Company / Organisation
Trading Title (If Different From Above)
Name of Parent Company
Company Registration No. (If Ltd.)

Registered Address;

Accounts Office Address

Tel No.
Fax No.
Email.

Tel No.
Fax No.
Email.

Number of yrs trading: Accounts Contact:
Total Number of Employees: Preferred Credit Limit:

Please Supply the names and addresses of two trade references whom we may approach:

Name
Address

Tel.
Fax.

Name
Address

Tel.
Fax.

Please supply the name, address and details of your bank:

Bank:
Sort Code:
Acc No.
No. Yrs Banking.

Branch:
Address

Invoice must be paid within 30 days. Cocoon Group Ltd reserves the right to charge interest on overdue accounts in accordance with The Late Payments of Commercial Debts (Interest) Act 1998.

Signature _____ Position _____
Name _____ Date _____