



SOLE TRADER APPLICATION FOR CREDIT TO SUPPLY LABOUR
(Please complete this form in full)

PARNERSHIP OR SOLE TRADER NAME :X

D.O.B.....X NI no.....X

HOME ADDRESS.....X
.....POST CODE.....X

INVOICE ADDRESS:X
.....

TELEPHONE:X POSTCODE:X
CONTACT NAME:X FAX NO:X

PERIOD OF TRADING:

BANK NAME:
BANK ADDRESS:X

ACCOUNT NO:X SORT CODE:X

PAYMENT TERMS: STANDARD 14 DAYS FOR CONTRACT INVOICES EXTENDED TERMS SHOULD
BE NEGOTIATED. 14 DAYS FOR PERMANENT PLACEMENT INVOICES.

PROPOSED START OF CONTRACT:X TEL NO:
ACCOUNTS DEPT CONTACT:X FAX NO:

PARTNERSHIP OR SOLE TRADER PLEASE COMPLETE THE FOLLOWING

TRADE REFERENCE 1:
.....
TEL NOX FAX NO:

TRADE REFERENCE 2
.....
TEL NOX FAX NO:

I/WE ARE AWARE THIS INFORMATION MAY BE USED TO SECURE A CREDIT LIMIT AND THAT
OTHER PARTIES MAY BE PRIVY TO IT,WE HAVE READ YOUR TERMS AND CONDITIONS AND
AGREE TO ADHERE.

AUTHORISATION SIGNATUREX DATEX

PRINT NAMEX

IF WORKERS OUT NUMBERS INCREASE, WE MUST RESUBMIT FOR A FURTHER ASSESSMENT
PLEASE NOTE! WE DO NOT CONTRIBUTE TO THE C.I.T.B THEREFORE NO DEDUCTION SHOULD
BE MADE FROM INVOICES.