



Business Credit Application

Name/Address

Surname :	First:	Title MR / MRS / MISS
Business Trading as:		
Address:		
County:		Phone:

Company Information

Type of Business:	No of years In Business:		
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Sole Trader <input type="checkbox"/>
(1) Name of Company Principal or Sole Trader Responsible for Business Transactions:		Title:	
Home Address:		Phone:	
(2) Name of other Company Directors (If not Sole Trader):		Title:	
Home Address:	County	Phone:	

Trade References

Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Account Opened Since:	Account Opened Since:
Existing Credit Limit Amount:	Existing Credit Limit Amount:
Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Burke West Ltd.

T/A Atlantic Oil Supply



Channel Partner Lubricants Distributor



Clashaganny Cross, Tulsk, Co. Roscommon

Tel: 071-9639016

Fax: 071: 9639096

Signature

Date