



**CREDIT APPLICATION FORM**

Industrial Products & Supplies  
 Unit 41  
 Sutton Park Avenue  
 Sutton Business Park  
 Reading, Berkshire  
 RG6 1AZ

Tel: 0118 935 4000

email: [sales@ips-online.co.uk](mailto:sales@ips-online.co.uk)

web: [www.ips-online.co.uk](http://www.ips-online.co.uk)

Company Name: .....Company Reg. No. ....

Trading Name (if different from above): .....

Invoice Address: .....

.....

.....

..... Post Code:.....

<b>BUYER CONTACT DETAILS</b>	<b>ACCOUNTS CONTACT DETAILS</b>
Buyer Name.....	Accounts Contact.....
Telephone.....	Telephone.....
Email.....	Email.....

Delivery Address (if different to invoice address): .....

.....

.....

Post Code:.....

Telephone:.....

**Company Type:**

Please tick appropriate description of your company – or state other

Reseller ( ) OEM ( ) Export ( ) Other .....

VAT Registration Number: .....

Please indicate which of the following applies to your organisation

Private Limited ( ) Public Limited Company ( ) Sole Partnership ( ) Partnership ( )

Other please state: .....

Annual Turnover £..... No.of Employees.....

Estimated annual Spend with IP&S.....

**Only to be completed by Limited Companies**

Please State your Company Name: .....

Please State your Company registration number .....

Please State your Registered Office Address:.....

.....

.....

..... Post Code:.....

Company Directors: .....

**Only to be completed by Proprietorships or Partnerships**

Please provide full name (s) and home addresses of proprietor/two partners.

a)..... b).....

.....

.....

.....

Post Code:..... Post Code:.....

Please state your line of business:.....

How long has your business been trading? ..... Years ..... Months

Please provide names and addresses of two trade references:

Company Name .....	Company Name.....
Address.....	Address .....
.....	.....
.....	.....
Post Code:.....	Post Code:.....
Telephone:.....	Telephone:.....

Do you currently buy from a local company? .....

How did you find out about IP&S ?.....

.....

Please provide names and addresses of your main bankers:

Bankers .....	
Account Number.....	Address .....
Sort Code .....	.....
	.....
	Post Code:.....

Credit Limit requested per month £.....

**Please note our our terms are of trade are 30 days net month end**

I / We (print Name) ..... hereby apply for a credit account

I/we confirm that the information given is accurate and will inform your of any change/s

Signed: ..... Date: .....

Position held in company/business .....

**Please fill in, scan and email back to [sales@ips-online.co.uk](mailto:sales@ips-online.co.uk) or post to our office address**