



Storrcross International Ltd
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CREDIT APPLICATION FORM

Company Name and Address:

Registered address if different from above:

Tel:

Fax:

Contact:

Position:

Accounts Contact:

Registration Number:

VAT No:

Bank Name and Address:

Company Type (e.g.: Ltd):

Nature of Business:

Years Trading:

Account No:

Anticipated Monthly Credit:

Sort Code:

Storrcross Representative:

PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF TWO TRADE REFERENCES

Ref One:

Ref Two:

Tel:

Tel:

OUR BANK DETAILS FOR PAYMENT BY BACS ARE: LLOYDS BANK Grand Buildings, Jameson Street, HULL. HU1 3JX
 ACCOUNT NO: 41102160 SORT CODE: 30:94:44 IBAN: GB29LOYD30944441102160 SWIFT: LOYDGB21149

PAYMENT TERMS ARE STRICTLY 30 DAYS FROM INVOICE DATE, FAILURE TO COMPLY WILL RESULT IN CREDIT FACILITIES BEING WITHDRAWN AND ALL OUTSTANDING SUMS BECOMING IMMEDIATELY PAYABLE. WE RESERVE THE RIGHT TO AMEND THESE TERMS AND CONDITIONS AND/OR WITHDRAW CREDIT FACILITIES AT ANY TIME. PAYMENT OF ANY DUTIES/TAXES ON EU/NON-EU SHIPMENTS, MUST BE MADE PRIOR TO RELEASE OF GOODS.

I CONFIRM THAT THE ABOVE INFORMATION IS ACCURATE AND THAT WE HAVE READ AND WILL ABIDE BY THE TERMS & CONDITIONS OF YOUR COMPANY AS STATED ABOVE.

Signed:

Print Name:

Position:

Date: