



# Credit Application

Please fill in the fields below, then print and return by fax to  
**KICTeam Europe Limited / Attn: accounting department: +44-1326-330-230**

Credit Amount Requested: \_\_\_\_\_

Applicant Business Name								
Address								
Contact Name					Position:			
Tel:		Fax:		Mob:		Email:		
Invoice Address (if different)								
Tel:		Fax:			Email:			
Nature of Business		Number of years trading in current style		Company registration Number				
Company type		Sole Trader		Limited Company		PLC		Partnership

## Bank Reference

VAT Registration No								
Bankers Name and address:								
Bankers Sort Code			Account Number			IBAN		

**Trade Reference:** Please list two trade suppliers with whom you are currently trading

Name and address:		Name and address:	
Contact: Telephone:		Contact: Telephone:	

I hereby certify that the above information I submitted to KICTeam Europe Limited is true. I authorize the Bank & Trade References to release information to KICTeam to be used solely for the purpose of opening an account.

**(Required)**

Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_