

Credit Application

Office Style Ltd T/A School Linx

Suite 253, 7 Holywell Hill

St Albans AL1 1DT

Tel/Fax 0845 056 4282



Please complete and return by fax or post

Contact Information		Billing Information	
Contact Name		Contact Name	
Company Name		Company Name	
Address		Address	
Phone		Phone	
Fax		Fax	
E-mail		E-mail	
General Company Information			
Company Reg. number*		Principal Officer	
VAT Reg. number		Title	
Business Description		In Business Since	
Business Type			
<input type="checkbox"/> Limited Company* <input type="checkbox"/> Sole Trader/** Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Limited Company* <input type="checkbox"/> LEA School/College <input type="checkbox"/> Other - state			
* Registered office address		Credit Required £	
** Name(s) of Sole Trader/Partners		** Address of Sole Trader/Partners <i>please use separate paper</i>	
Bank References			
Bank Name		Account Name	
Bank Address		Sort Code	
Post Code		Account Number	
Bank Contact		Telephone No.	
Trade References			
Company	Contact	Address	Phone No. Fax No.
1			
2			
Signature & Authorization			
The signature below represents and warrants that (a) the party signing below is an authorised representative of the organisation; and (b) that the information provided herein is a complete and accurate representation of the organisation's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. By signing this form, I expressly authorise [Office Style Ltd] to contact the above references to determine credit worthiness, and to accept Office Style & School Linx terms and conditions.			
Signature		Date	
Print Name		Business Title	