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CREDIT RATING APPLICATION FORM

Please fill in your details below and fax back to HASL as soon as possible.

Customer Name:

Terms of Sale: Monthly Nett

Delete as Applicable: Ltd. Co. / PLC. / Partnership / Sole Trader / Other

Trading Style:

Trading Address:

.....

.....

Post Code:

Telephone No.:

If Sole Trader / Partnership:

(1) Home Address (2) Home Address

.....

.....

.....

Post Code Post Code

Company Registration No:

VAT Registration No:

Name of Holding Company if part of a Group:

Type of Business:

How Long in Business:

This section must be completed for your Application to be Processed:

Contact Name in Accounts Department.....

Direct Tele no..... Direct Fax no.....

Email address for statements and copy invoices.....

Bankers Name: Sort Code:

Address: A / C No.:

.....

.....

Trade References:

(1) Name & Address

(2) Name & Address

.....

.....

.....

.....

.....

.....

Post Code

Post Code

Monthly Turnover

Monthly Turnover

Tele No:

Tele No:

DATA PROTECTION ACT 1998

We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principle directors with a credit reference agency.

Under the terms of the Data Protection Act 1998, we are required to have your consent for us to retain the above information for future reference.

Please sign below to confirm your agreement.

Signature _____

Date _____