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APPLICATION FOR CREDIT

BILLING INFORMATION ☐Sole Trader ☐ Corporation ☐ Limited Company Legal Business Name Trade Name Type of Business _____ Business Phone Address _____ _____State_____Postcode_____County____ City Company Registration VAT Number **GENERAL INFORMATION** Years in Business_____ Name_____Title____ Officers/Partners: Name Title Bank Name______Account Number____ Phone Contact TRADE REFERENCES Company Contact Address Phone Contact Company Address Phone _____ Company_____Contact____ Address Phone I authorise the above named bank and trade references to release information on my accounts to Action Mailing Services, Ltd. for the purpose of evaluating our creditworthiness. All information on this application is provided on a confidential basis in support of this request to make commercial purchases on credit terms.

Title

Date

Authorised Signature