



Credit Application Form

Ed-Solutions Direct Ltd
PO Box 36979 London SE6 4WD

Telephone 020 8690 6995 Fax 020 8690 8990 Email sales@ed-solutionsdirect.com www.ed-solutionsdirect.com

Full Company/

Establishment Name:

Trading As: (if different)

Business Type:

PLC: Ltd Co Partnership: Sole Trader:

VAT Number:

Trading Address:

Accounts Address:
(if different)

Postcode:

Postcode:

Telephone:

Accounts Contact:

Email:

Credit Limit
Required:

Purchasing Manager:

Bank Details

Bank Name:

Bank Account
Number:

Bank Address:

Bank Sort Code:

Account Name:

Postcode:

Partnerships and Sole Traders ONLY

1st Partner Name:

2nd Partner Name:

Address:

Address:

Postcode:

Postcode:

Limited Companies ONLY

Reg Office Address:

Postcode:

Company Reg No:
Holding Company:
1st Director:
2nd Director:
3rd Director:

Trade References

Reference 1
Name:
Address:

Postcode:

Tel No:
Fax:
Contact:
Period Known:
Monthly Credit:
Credit Limit:

Reference 2
Name:
Address:

Postcode:

Tel No:
Fax:
Contact:
Period Known:
Monthly Credit:
Credit Limit:

I/We apply for the use of credit facilities with Ed-Solutions Direct Ltd. I confirm I have read and accepted the Terms and Conditions of Trading.

Name Position
Signature
Date

Application form to be returned to Ed-Solutions Direct Ltd PO Box 36979 London SE6 4WD

Or faxed to 020 8690 8990.

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