

Acorn Way, Hawthorne Road, Bootle, L20 6QA

Tel: 0151 933 6085 Email: Info@spotmix.co.uk

www.spotmix.co.uk

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APPLICATION FOR CREDIT FACILITIES – TRADE ONLY

Company Name / Trading Title	:	
Trade Address:	-	Postcode:
Registered Office:		
Reg No:		VAT No:
Tel:		Email:
Main Business Activity:		Date Business Started:
Bank Name:		Bank Address:
Bank Postcode:		Bank Sort Code:
Bank Account No:		Credit Limit Required:
Name:		Date:
Spotmix Ready Mixed Conc	•	ance of all the company's financial obligations to y the conditions of sale
	Signea:	Date
(Director)	Signadi	Date:
Name:	Signeu	Date:
(Director)		
References:		
1) Name:		
Tel:	Email:	
Address:		Postcode:
2) Name:		
Tel:	Email:	
Address:		Postcode:

Credit Terms Are Strictly 30 Days From The Date Of Invoice