## COMMERCIAL CREDIT APPLICATION FORM

For CPA Members to consider granting of credit to customers.

Please complete and return to us the CPA Member

We are members of the Credit Protection Association, London.

GGS Compressors Ltd t/a GGH Hire

**Unit 1 Brownes Commercial Estate** 

15 Edison Road

**Brimsdown** 

**Enfield** 

**EN3 7BY** 

Email: creditcontrol@gghhire.com

•		,	
Гel No	Fax No	Email	
Registered Office (if dif	fferent from above)		
Business type:	Limited Company	Sole Trader	Partnership
Year trading commence			
VAT Number		Person Responsible for ordering Plan	nt
	Trader give full names	s (not initials) and home address of A	LL partners, together with their dates of
birth.		· · · · · · · · · · · · · · · · · · ·	reverse side if necessary)
Name of Bankers		Branch	
Sort Code		<b>Account Number</b>	
Maximum monthly cred	dit required £		
Name of person respons	sible for paying our acc	count on time	
		Telephone No	ext
Harry did way baan abays	t CCII Hima	•	
now aid you near about	t GGH Hile		
<b>DECLARATION BY</b>	APPLICANT SEE	KING CREDIT	
made <u>strictly</u> in a is not made by the the invoice debt; including CPA's including CPA's	accordance with the credit e due date for payment, it if so, we agree to indemni	t terms which is 30 days from date of invoit may result in the matter being referred to ify you against the costs you incur in refer or writing to us, any commission payable b	half. We agree that payment of your invoices will be ice. We recognize that if payment of your invoices to the Credit Protection Association for recovery of the matter to CPA to pursue the debt by you to CPA, all reasonable incidental costs of
Credit Protection information relati	n Association plc. who will ling to us (and in the case)	I search databases to which it has access.	it, you will send details of our application to the It may also search a credit reference agency for the proprietors). The credit reference agency wil
• We/I authorize ou	ır bankers to provide an o	opinion as to our suitability for the request	ted account.
SIGNED		NAME (Please p	rint)
DATE		POSITION	
		NB:- (now please return this	s form to the CPA member shown above).