

**APPLICATION FOR COMMERCIAL CREDIT**

GMP

WITH

**SOVEREIGN AIR MOVEMENT LTD**

UNIT B, NATIONAL COURT, FOX WAY, OFF ATKINSON STREET, LEEDS, LS10 1PS  
TEL: 0113 218 6100 FAX: 0113 218 6101

**FULL TRADING NAME:**

**TRADING ADDRESS:**

**POSTCODE:**

**TELEPHONE NO:**

**FAX NO:**

**NUMBER OF YEARS TRADING:**

<b>Company Type</b>	<b>Sole Trader</b>	<b>Partnership</b>	<b>Limited Company</b>	<b>Other (please detail)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDRESS OF REGISTERED OFFICE (if different from above):**

**POSTCODE:**

**COMPANY REGISTRATION NUMBER:**

**YEAR OF INCORPORATION:**

**VAT REGISTRATION NUMBER:**

**INVOICE ADDRESS (if different from above):**

**POSTCODE:**

**ACCOUNTS CONTACT:**

**EMAIL:**

**TELEPHONE NO:**

**FAX NO:**

**Name of Managing Director / Managing Partner / Proprietor:**

**If not a Limited Company, please list names and home addresses of all partners or sole trader. If required, please continue on a separate sheet.**

**1.FULL NAME:**

**ADDRESS:**

**POSTCODE:**

**2.FULL NAME:**

**ADDRESS:**

**POSTCODE:**

**3.FULL NAME:**

**ADDRESS:**

**POSTCODE:**

**NAME & ADDRESS OF YOUR BANKERS:**

**POSTCODE:**

**TRADE REFERENCES: Details of your two principal suppliers.**

**1.NAME:**

**ADDRESS:**

**POSTCODE:**

**FAX No:**

**PHONE No:**

**2.NAME:**

**ADDRESS:**

**POSTCODE:**

**FAX No:**

**PHONE No:**

**CREDIT LIMIT REQUIRED?                      £**

***PLEASE ATTACH YOUR COMPANY LETTERHEAD***

**DECLARATION OF CREDIT APPLICATION**

1. We hereby request you to open a credit account for the Company.
2. By making this application the Company accepts and agrees to Sovereign Air Movement's terms and conditions of sale which are attached.
3. The Company notes that Sovereign Air Movement's payment terms are net 30 days from the end of month of invoice and the Company agrees to pay accordance with those terms.
4. The Company agrees that title of goods to remain the property of Sovereign Air Movement Ltd until payment is made in full.

**SIGNED**

**DATE**

**NAME**

**POSITION**