

## **Application for Credit Facilities**

Full Tradi	ng Name:				
	<b>-</b>				
Limited	Partnership	Sole Trader	(please tick one)		
Registed A	Address:				
Postcode			Fax:		
Posicoue	•		FdX.		
Tel:			Website:		
Email:					
VAT No:					
Managing	Director's Name	e (s):			
Nature of	Buisness:				· · · ·
Company	Registration Nur	nhor			
company	Registration Nul	ilbel.			
Date Buisi	nesss Established	:			
Paymant (	Contact:			Tel:	
Accounts	Contact Name:				
Accounts	Email Address:				
Accounts	Addross for love	icoc (If different	\.		
Accounts	Address for Invoi	ices (il different	).		
Postcode:			Tel:		
<u> </u>	,				
can invoid	ces be emailed:	Yes:	No:		

Version 002 Date: 04/03/2021 DOC NO: MCAF 001



Unit 6-8, Brookfield Way, Brookfield Industrial Estate, Tansley, Matlock, Derbyshire DE4 5ND Tel:: 03300080366 Web: <u>http://www.m-vis.co.uk</u> Email: accounts@m-vis.co.uk Company Registration Number: 8130402



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r				
Amount of Month	nly Credit Required:			
Bank Reference:				
Bank Name:				
Address:				
Postcode:				
Account no:	Sc	ort code:		

Trade Ref No.1	Trade Ref No.2		
Name:	Name:		
Address:	Address:		
Postcode:	Postcode:		
Tel No:	Tel No:		
Contact:	Contact:		

ring hire plant? (if so please attach) Yes:	No:
cover held:	
Limit of Indemnity:	Expiry Date:
Limit of indemnity:	Expiry Date:
	cover held: Limit of Indemnity:

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## **Application for Credit Facilities**

I hereby app	ly for Credit Facilities with MVIS Ltd. I Confirm that this information is true and complete, and I have the
authority t	o open this account. I agree to be bound by MCIS Ltd Terms and Conditions which, together with this
	information form part of the agreement.
Signed:	
Print Name:	
Position:	
Date:	

Please return to:

MVIS Ltd
Unit 6-8
Brookfield Way
Brookfield Industrial Estate
Tansley
Derbyshire
DE4 5ND

E-Mail: accounts@m-vis.co.uk

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