

CREDIT APPLICATION FORM Please complete all sections and read the Terms and Conditions of Trade over the page or attached.

Date:	Reference Number:
Clients Trading Name:	
Clients Legal Name:	
Phone:	Email:
Mobile:	Postal Address:
Physical Address:	
Postcode:	Postcode:
Commercial Clients: Sole Trader Partnership	☐ Company ☐ Trust
Company Number:	Date Established:
Contact 1:	
Position:	
Phone:	
Details of: Owner (If Sole Trader) Partners (If Partnership) Directors (If Company)	
Full Name:	
Home Address:	Home Address:
D: Date of Birth:	ID:Date of Birth:
(Driver Licence, Passport, Birth Certificate)	(Driver Licence, Passport, Birth Certificate)
Home Phone:	Home Phone:
Trade References:	
Business Name:	Address or Account Number:
Phone:	
Business Name:	
Phone:	
Business Name:	
Phone:	
Terms and Conditions of Trade (over the page or attached) of Kiss IT which fo You agree to be bound by the Terms and Conditions (over the page or attached the Privacy Ac	
Signed (Client):Date:	
Full Name:	
Position:	
	Dist CodeDirects License No
Date of Birth:Drivers License No:	