



WINGED BOOTS
BUSINESS

NEW COMPANY CREDIT APPLICATION FORM

Company Details

Companies Names: _____

Companies Address: _____

Companies Registration Number: _____

VAT Registration number: _____

Nature of Business: _____

Amount of Credit needed per month: _____ Preferred Invoice Date: _____

Main Contact

First Name: _____ Last Name: _____

Email Address: _____

Telephone Number: _____

Print Name: _____

Signed: _____

Date: _____