

# Site Welfare Company Ltd Credit Application

credit application form for first time applicants  
or following business mergers or acquisitions

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

\_\_\_\_\_ Ext: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Fax No: \_\_\_\_\_

Company Reg. No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address for invoices/statements if different to above:

Name & Address of payment contact: \_\_\_\_\_

\_\_\_\_\_ Tel No. & extension: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Fax No: \_\_\_\_\_

How long has your business been established:  (Please attach a copy of your company letter heading)

trade references

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Estimated monthly turnover with SWC: £ \_\_\_\_\_

I/we give my/our consent to a credit search being made on me/us as owner/partner(s) or director(s) of this organisation both now and at any future date. I understand this search will be recorded by the agency and may be disclosed to subsequent enquirers.

**Please return the original completed application to:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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