

Trade Credit

Credit Limit Request Form



Insured's Name:		Policy Ref. No.:	
(If Applicable) Client Ref.:			
Total Credit Limit Required:		Limit Effective from:	
Complete this section for Limited Companies			
Name of Buyer / Contractor:			
Company Reg. No.:			
Buyer / Contractor's Business Address:			
		Postcode:	
Complete this section for Sole Traders and Partnerships			
Name of Buyer / Contractor:			
Trading Style:			
Buyer / Contractor's Business Address:			
		Postcode:	
Telephone No.:			
How long has the Buyer / Contractor been trading?			months / years
How long have you traded with the Buyer / Contractor?			months / years

Please tick to here to confirm the terms of payment do not exceed the 120 days.

Signature

Date

Name of Signatory

Position in Company

Please print and scan the completed form to creditsupport@tmhcc.com.



Contact Us

The Grange
Rearsby
Leicester
LE7 4FY

Tel: +44 (0)1664 424000

Email: creditsupport@tmhcc.com

Website: tmhcc.com