



Credit Check Request

Account Holder Information	
Company Name (eg Ltd/T/A/Sole trader/Partnership)	
Postal Address	
Physical Address	
Contact Phone/fax/mobile	
Directors Name	
Directors Address	
Directors Date Of Birth	
Second Directors Name	
Directors Address	
Directors Date of Birth	
Trade Reference/Phone Numbers/Name	
Trade Reference/Phone Number/Name	
Trade Reference/Phone Number/Name	
NOTES:	
DETAILS ATTACHED √	
Signed Terms & Conditions	
Signed Application Form	

INSTRUCTIONS

We authorise Graphite Enterprises Limited T/A NCI to action the requested credit checks as per the above details, on our behalf. We also acknowledge that we have, and do give permission for NCI to obtain information on our behalf as per the account holders account application form, which includes a Privacy Waiver.

Name and Designation: _____

On behalf of: _____ (company)

Signature: _____

Date: _____

Payment to Graphite Enterprises Ltd will be payable on the 20th of the month following invoice. All outstanding balances will incur debt recovery and solicitor fees and be payable by you.