



**BROKER CREDIT ACCOUNT APPLICATION FORM**

NAME / TRADING NAME :.....

ADDRESS:.....

.....

.....

TELEPHONE:..... FAX: .....

EMAIL:.....

WEBSITE:.....

DATE BUSINESS ESTABLISHED:.....

TYPE OF COMPANY:.....

- Partnership  Sole Trader  LTD  PLC  Other

IF LIMITED COMPANY, PLEASE GIVE DETAILS OF:

COMPANY REGISTRATION NUMBER:.....

ARE YOU ASSOCIATED WITH ANOTHER COMPANY?  Yes  No

IF YES.....

HAVE YOU TRADED UNDER A PREVIOUS TITLE?  Yes  No

IF YES.....

ADDRESS OF ADDITIONAL OFFICES (IF ANY)

.....

.....

PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR BANKERS

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.....

YOUR PREFERRED METHOD OF PAYMENT: (PLEASE TICK CHOICE OF PAYEMENT METHOD)

Cheque - U-Sure Insurance Services Ltd, Suite 26-27, Raglan House, Llantarnam Industrial Estate, Cwmbran (NP44 3AB)

BACS

CONTACT PERSON DEALING WITH APPLICATION:.....

CONTACT PERSON FOR ACCOUNTS QUERIES:.....

All monies falling due at month end is to be paid to U-SURE by the 28th of the following month. A statement of account will be generated by us to you.

By signing this agreement you agree to the above terms.

NAME:.....

SIGNED:.....

POSITION:.....

*U-SURE Insurance Services Ltd, 26-27, Raglan House, Llantarnam Industrial Estate, Cwmbran, NP44 3AB*

*Tel: 01633 838976*

*Email: info@u-sure.com*

*Web: www.u-sure.com*

*Authorised and Regulated by the Financial Conduct Authority Firm Reference Number 315451  
Registered in Cardiff, Reference Number: 5273923 Registered Office: 8 Cathedral Court, Newport. NP20 4EU*