

# Vintage Capital II Ltd

## Credit Application Form

### Company Details

Name: ..... Key contact: .....  
Address: .....  
..... Post code: .....  
Type of organisation: .....  
Company number: ..... AWRS number: .....  
Email: ..... Telephone number: .....

### Bank Details

Name of bank: .....  
Sort code: ..... Account number: .....

### Names of directors/partners

.....  
.....

### Supplier References (please provide two)

(i) Name: .....  
Address: .....  
Contact name: ..... Email: .....  
(ii) Name: .....  
Address: .....  
Contact name: ..... Email: .....

### Trade Membership

Are you a member of Liv-ex? Yes/No

### Credit Limit

Credit limit requested: £ .....

### Financial Statements

Please provide a copy of the Company's most recent financial statements

Credit will not be considered unless up to date financial statements have been provided

**By providing these details, you agree that we are able to contact your bank and the suppliers to seek references**

Signed: ..... Date: .....  
Name: ..... Position: .....

**Once completed, please return this form and enclosures either to [info@vintagecapital2plc.com](mailto:info@vintagecapital2plc.com) or Managing Capital LLP, Queensberry Road, Newmarket, Suffolk, CB8 9AU**