

Vintage Capital II PLC

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

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 or Managing Capital LLP, Queensberry Road, Newmarket, Suffolk, CB8 9AU