Open credit facility



1 Your account details							
Please write clearly in the white spaces with capital letters or cross the boxes. Your account name in full			Your branch sort code Today's date D D M M Y Y	Yo	our account number	Ī	
Facility reference (if applicable)			D D M M Y Y				
2 Details of the facility you require							
Request to:			Amount in words				
Establish a new facility Amend an existing facility							
Name and address of the bank branch where you require this facility			Finite data		Line H. C. ada a conservation		
			Expiry date D D M M Y Y		Until further notice		
			Term (please select one from the following):				
Postcode			in any one day		in any one month		
Amount in figures (£)			in any one week		in any one cheque		
			•				
2.1 To be completed for amendment requests only							
Previous amount in figures (£)			Previous facility term:				
			in any one day		in any one month		
Previous amount in words			in any one week		in any one cheque		
			,				
3 Details of your agents							
An agent is someone authorised to collect cash but is not a signatory.							
Full name	Add	Delete	Full name			Add	Delete
Specimen signature			Specimen signature				
			,				
Full name	Add	Delete	Full name			Add	Delete
						X	X
Specimen signature			Specimen signature				
4 Your agreement with us							
This section is to be signed in accordance with the account mandate.			Your signature(s)				
Please instruct your branch or agents to cash cheques in accordance with this request. I/We understand that if the facility is not used for six months, it may lapse.							
I/We undertake not to stop payment of any cheque cashed under this facility.							
Full name(s)							
			Date				
For bank use only			Approved/sanctioned by (Manager)				
Date of approval/sanction Liability limit loaded?			F. F				
Date of approvar/sariction Liability little loaded:	Yes	No					