

Trade Credit

Credit Limit Request Form for Joint Ventures

Customer Relations

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Member of the Association of British Insurers

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Insured's Name:		Policy Ref. No.:	
(If Applicable) Client Ref.:			
Total Credit Limit Required:		Limit Effective from:	
Joint Venture Details			
Name of Joint Venture:			
Company Reg. No. (If App):			
Joint Venture Registered Business Address:			
Postcode:		Telephone No.	
Company 1			
Name of Buyer / Contractor:			
Company Reg No:			
Buyer / Contractor's Business Address:			
Postcode:		Telephone No.	
Company 2			
Name of Buyer / Contractor:			
Company Reg No:			
Buyer / Contractor's Business Address:			
Postcode:		Telephone No.	
Company 3			
Name of Buyer / Contractor:			
Company Reg No:			
Buyer / Contractor's Business Address:			
Postcode:		Telephone No.	



Company 4			
Name of Buyer / Contractor:			
Company Reg No:			
Buyer / Contractor's Business Address:			
Postcode:		Telephone No.	

Tick here to confirm the terms of payment do not exceed 120 days.	
Are all above contractors/buyers jointly and severally liable under the Joint venture?	

Please send the completed form to creditsupport@tmhcc.com.