



Request for Increased Incidental Credit Limit

Customer Details:-

Registered Company Name: _____

Trading Name: _____

Company Registration Number: _____

Banking Details: -

Account Holder Name: _____

Bank: _____

Branch Name: _____

Account Number: _____

New Total of Incidental Increase: _____

Reason for Increase Requested: _____

Being duly authorised to sign on behalf of the above listed entity

Signature

Name in Full

Capacity

Date

All conditions of the Credit Application and Terms and Conditions of Sale will and do apply to the increased incidental credit limit requested.

FOR OFFICE USE ONLY

Bank Code Received: _____

Approved: Yes ☐ No ☐ Date: _____

Customer Advised: Yes ☐ No ☐ Date: _____

Name: _____

Signature: _____