



UNITED KINGDOM • EUROPE • SCANDINAVIA

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CREDIT ACCOUNT APPLICATION

DEAR SIR
WILL YOU PLEASE ARRANGE FOR CREDIT ACCOUNT FACILITIES TO BE OPENED FOR US FROM THE
DETAILS SHOWN BELOW:

NAME (FULL TRADING TITLE):

TRADING ADDRESS:

REGISTERED ADDRESS:

INVOICING ADDRESS:

STATEMENT ADDRESS:

YOUR INVOICES TO US SHOULD BE ACCOMPANIED BY AN ORDER NO. YES/NO

OUR PERSONNEL AUTHORISED TO ORDER TRANSPORT/STORAGE ARE AS FOLLOWS:

OUR BOUGHT LEDGER PERSONNEL RESPONSIBLE FOR MAKING PAYMENTS ARE:

----- TEL NO: -----

OUR COMPANY SECRETARY'S NAME IS: -----

WE HEREBY AUTHORISE YOU TO SEEK REFERENCES FROM OUR BANKERS

NAME: -----

ADDRESS: -----

AND FROM TWO OF OUR TRADE SUPPLIERS

NAME:

NAME:

ADDRESS:

ADDRESS:

THE EXPECTED LEVEL OF MONTHLY CREDIT WE REQUIRE FROM YOU IS:

WE ACCEPT YOUR PAYMENT TERMS OF 30 DAYS (MONTHLY)

SIGNED:

TITLE:

DATED:
