

APPLICATION FOR A CREDIT FACILITY

For office use only

Date received/...../.....

Approved by:

New Euro Account:

To be completed by customer

Full Legal Title & Trading Name: _____

Please indicate the following

Solo Trader Partnership LLP PLC LTD Company

Co Reg No: _____

VAT Reg No: _____

Company Address:

Postcode: _____

Telephone: _____ Fax: _____ E-mail: _____

Business Activity: _____

Method of Payment: Cheque or Bacs

Please provide the names of two trade references whom we may contact:

Company: _____

Company: _____

Name: _____

Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Signed: _____

Position: _____

Please note all accounts are strictly 30 days credit.