



CREDIT REQUEST FORM

PLEASE COMPLETE THE FOLLOWING & RETURN BY FAX (01-8554454)

COMPANY NAME & ADDRESS:

EXECUTIVES:

Form with 4 numbered lines for executives' names and addresses.

TELEPHONE:

MAIN TRADING ACTIVITY:

FACSIMILE

VAT NO.

CO. REGISTRATION NO.

TAN: YES / NO

VAT FREE AUTHORIZATION: YES / NO

TAN NO:

NO:

ACCOUNTS

E-MAIL:

CONTACT:

BANKERS:

SORT CODE

ACCOUNT NO

TRADE REFERENCES

Table with 3 columns for trade references, including fields for 1., 2., 3. and contact details like TEL and Fax.

MAXIMUM AMOUNT

CREDIT REQUIRED per week/month

TERMS OF AGREEMENT:

I/We hereby agree to pay your account strictly in accordance with your normal credit terms which are payment by the end of the month following the date of invoice.

SIGNED:

POSITION:

DATE:

Horizontal dashed lines for signature, position, and date.