



CREDIT APPLICATION FORM

TRADING INFORMATION

All trading names of applicant.....

Nature of Business.....

Trading Address.....

.....

Tel. No..... Fax No.....

Limited Company or Public Limited Company.....

Company Registered Number.....

VAT Registration Number.....

Year of incorporation.....

If partnership or sole proprietorship, give full names (not initials) and private addresses of ALL PARTIES.

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Year of commencement..... VAT Registration No.....

Your Bankers name.....

Address.....

REFERENCES

Name, address and telephone no. of 2 principal suppliers:

Supplier 1).....

Supplier 2).....

CREDIT APPLIED FOR

Please state maximum credit requirement per month £.....

Name of your Managing Director / Senior Partner.....

Name of person responsible for payment of account on time.....

DECLARATION BY CREDIT APPLICANT

We hereby request you to open a credit account.

Directors/Partner's Declaration:

I being an authorised Officer of this business do agree that payment of all accounts will be received by you (our supplier) within your stated credit term. We appreciate that adherence to this obligation is the essence of the contract between us.

Signed..... Name (please print)

Date.....

Return to Preform Technologies Ltd, Centurion Way Business Park, Alfreton Road, Derby DE21 4AY Fax: +44 (0) 1332 345251
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