

CREDIT ACCOUNT APPLICATION

Company Name:	
Address:	
Post Code:	Company Reg. No:
Telephone Number:	Fax Number:

Contacts:

Accounts:
Purchasing:
Engineering:

Please provide two trade references:

Company Name:	Tel:
Contact Name:	Fax:
Title:	Email:
Address:	

Company Name:	Tel:
Contact Name:	Fax:
Title:	Email:
Address:	

Payment of invoices will become due strictly within 30 days from the date of invoice. If a customer fails to make the invoiced payments by the due date, we will send reminders at £20 each at regular intervals and interest may be charged at a rate of 3% above the Lloyds TSB base rate. Our payment terms as a condition of sale supersede any buyer's terms.

Agreement to the above statement (To be signed by Senior Accounts member)

Name :	Signed :
Position :	Date :

PLEASE FAX BACK TO US AS SOON AS POSSIBLE ON: 020 8660 5591