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CREDIT APPLICATION

COMPANY NAME: _____

OWNERS NAME: _____

ADDRESS: _____

POST CODE: _____

TELEPHONE NUMBER: _____ FAX: _____

E-mail: _____ website: _____

VAT NUMBER: _____

YEARS AT PRESENT ADDRESS: _____

PERSON IN CHARGE OF ACCOUNTS: _____

BANK REFERENCE: NAME: _____

ADDRESS: _____

TRADE REFERENCE: _____

ADDRESS: _____

MONTHLY CREDIT REQUESTED: _____

**PLEASE ANSWER ALL QUESTIONS SO THAT WE CAN PROCESS THIS
APPLICATION FOR A CREDIT ACCOUNT.**

TERMS ARE 30 DAYS NETT.

NO GOODS SUPPLIED TO OVERDUE ACCOUNTS.

**WE UNDERSTAND AND WILL EXERCISE OUR STATUTORY RIGHT TO CLAIM INTEREST AND COMPENSATION FOR DEBT
RECOVERY COSTS UNDER THE LATE PAYMENT LEGISLATION IF WE ARE NOT PAID ACCORDING TO OUR AGREED
CREDIT TERMS.**

SIGNED PLEASE PRINT NAME