

## APPLICATION FOR CREDIT FACILITIES

Please Complete and Return to Above. Until this form has been completed and your application approved, all transactions must be strictly **PAYMENT WITH ORDER**.

**Delete as Applicable:** Ltd Company / Partnership / Sole Trader / PLC / Limited Liability

**Company Name:**

**Address:**

**Tel:**

**Fax:**

**Email:**

**Website:**

**VAT Registration Number :**

**Nature of Business:**

**Company Registration Number:**

**Estimated Monthly Spend:**

**Date of Company Formation:**

**Names of Directors/Partners:**

**Purchasing Manager/Contact:**

**PLEASE SUPPLY TWO CURRENT TRADING REFERENCES OF COMPANIES THAT SUPPLY YOU WITH MATERIALS, PREFERABLY RELATING TO THE NATURE OF YOUR BUSINESS.**

**Company Name :**

**Company Name:**

**Contact Name:**

**Contact Name:**

**Address :**

**Address :**

**Email address:**

**Email address:**

**Tel:**

**Tel:**

### DECLARATION

In applying for Credit Facilities, we accept that all trading will take place subject to our Company's Terms & Conditions. Payment terms are strictly NETT MONTHLY. Invoices payable by the end of the month following the date of Invoice. Any dispute of invoice must be made in writing within 10 days of despatch of goods. We believe the required information given to be accurate and in strict confidence. Such information being held on computer and will conform to the Data Protection Act.

**This form must be signed by a Director or Company Secretary Agreeing to our Terms.**

**Signed:**

**Name in Block Capitals:**

**Director/Company Secretary**

**Date**

**ASHTON SEALS - SALES USE ONLY**

**ASHTON SEALS - ACCOUNTS USE ONLY**

**SALES PERSON:**

**ACCOUNT NO:**

**CREDIT LIMIT REQUESTED:**

**DATE:**

**SALES AREA CODE:**

**REFERENCES CHECKED: Y / N D & B: Y/N**

**MARKET SEGMENT:**

**CREDIT LIMIT SET:**

**CURRENCY: £ / \$ / €**