

APPLICATION FOR CREDIT ACCOUNT

REGISTERED TITLE OF COMPANY _____
ADDRESS IN FULL _____

TELEPHONE No _____ FAX No _____
EMAIL ADDRESS _____

COMPANY REGISTRATION No _____

NATURE OF BUSINESS _____

IS IT A LIMITED BUSINESS ? _____

NAME OF PROPRIETOR / MD _____

NAME OF ACCOUNTS MANAGER _____

SHOULD CREDIT BE USED AGAINST OFFICIAL ORDER ONLY? _____

BANKER _____

2 COMPANIES WITH WHOM YOU HAVE CREDIT ACCOUNTS
1 _____
2 _____

EXTENT OF CREDIT PER MONTH _____

CONDITIONS *WE UNDERSTAND THAT THE TERMS OF CREDIT ARE THIRTY DAYS FROM THE DATE OF INVOICE AND THAT CONTINUANCE OF CREDIT FACILITIES IS SUBJECT TO FULLFILMENT OF THIS CONDITION.*

SIGNED _____

DATE _____

POSITION HELD IN COMPANY _____

PLEASE ATTACH REQUEST ON YOUR COMPANY'S NOTEPAPER



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