

Application for a Credit Facility

To be completed by Customer

Company Name (correct trading title): _____

Please tick as appropriate

Sole Trader Partnership Limited Liability Partnership
 Limited Company _____ Reg. No. Public Limited Company

How long have you been trading for? _____ Years _____ Months

Invoice Address**Registered Office Address (If different)**

Name _____	Name _____
Street _____	Street _____
Town _____	Town _____
Country _____	Country _____
Postcode _____	Postcode _____
Tel No. _____	Tel No. _____
Fax No. _____	Fax No. _____

Business Activity (please specify) i.e. fabrication/POS:

How did you hear about our services?

I/ We request you to open a Credit Account

With a Proposed Credit Limit of: _____ (Including VAT) Payment Terms Strictly 30 Days Net

Accounts Contact

Name _____ Tel No. _____ Email. _____

Purchasing Contact

Name _____ Tel No. _____ Email. _____

Bank Details

Name _____

Sort Code _____ Account Number _____

I/ We have read, understood and retained a copy of your Terms & Conditions of Sale- V1.0 Nov 06 – 30 day (including the retention of title clause) and agree to trade in accordance with these for any goods supplied. We accept that title to all goods supplied to us will remain vested in ADS Laser Cutting Limited until all amounts outstanding from us on any account have been paid in full to ADS Laser Cutting Limited.

II/ We also agree to comply with your settlement terms (specified within your Terms & Conditions of Sale), and am in a position to sign for on behalf of _____ (Company Name).

I attach a sample of my/our headed paper with this form.

Name: _____ Position: _____

Signature: _____ Date: _____

Items in this box are for office use only

Date Received _____

New Account Change of Address Close Account Change of Title