



Eagle Building E2, Daedalus Park, Daedalus Drive, Lee on the Solent, Hampshire, PO13 9FX
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APPLICATION FOR CREDIT FACILITIES

Company Name:			
Trading Name: <i>(if different from above)</i>			
Address : <i>(for Invoices/Statements)</i>			
Email address <i>(for electronic Invoices & Statements)</i>			
Delivery address <i>(if different from above)</i>			
Authorised Personnel and or Process for Ordering			
Main Business Contact Details	Tel:	Fax:	Email:

Company Registration No.		Date of Incorporation:
Nature of Business:		
VAT Registration No.		VAT Exempt: Yes No <i>If VAT Exempt please provide Exemption Certificate</i>

Accounts Payable Contact Name:			
Accounts Contact Details	Tel:	Fax:	Email:

Name & Address of Bank:			
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Please supply details of two trade references

Name		Name	
Address			
Accounts Contact		Accounts Contact	
Tel No.		Tel. No.	

I, as duly authorised office of _____ hereby apply for credit facilities and agree to abide by the Credit Terms & Conditions of Sale in force at any specified time. I accept that credit is limited to not more than 30 days from date of invoice and that supplies will be withheld if payments are overdue. I also accept that completion of this form does not guarantee that credit facilities will be granted.

Authorised Person: _____ Signature: _____

Position: _____ Date: _____