

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company Name		Company Registration No.	
Telephone Number		<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership / Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Fax Number			
Registered company address			
VAT Number		Credit Limited Required	£
CIS INFORMATION			
Are you CIS registered?	Yes / No	Company UTR No..	
BANK & CONTACT INFORMATION			
Bank name:		Trading Address (If different from registered address)	
Address			
Accounts Contact		E-mail	
Telephone Number		Fax Number	
DELIVERY ADDRESS / CONTACT			
Purchasing Contact Name		Delivery Address	
Telephone Number			
Fax Number			
Email			
BUSINESS/TRADE REFERENCES			
Company name		Contact	
Address		Telephone Number	
		Fax Number	
		Email	

Company name		Contact	
Address		Telephone Number	
		Fax Number	
		Email	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days in writing.
3. Subject to EFAFLEX UK Terms and Conditions (copy available upon request)
4. By submitting this application, you authorize EFAFLEX UK LTD to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature (Director)		Signature (Secretary)	
Name and Title		Name and Title	
Date		Date	

OFFICE USE ONLY - CREDIT CHECK & LIMIT

SAP Account Number -:		Credit Data Updated	Y/N
Email confirmation Sent -:	Y/N - Date -:	Letter Sent -:	Y/N - Date -:
CIS Verification	Yes / No	Date	
Credit Limited Requested	£	Credit Limit Given	£
Authorised By -:		Approved By -:	

Documents Attached / Comments	
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