

Inter Company Despatch

2a, Commercial Road Staines, Middlesex TW18 2QL

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Application for a 30 Day Credit Account

Date:	
Customer Name:	
Address:	
City, County:	Postcode:
Telephone:	Fax:
Company Directors:	
Registered Office:	
(If different from above)	
	Postcode:
Company Reg. No.:	
Credit Limit Request:	<u>£</u>
Banker's Details:	
City, County:	Postcode:
Trade References: (at least two)	
Signed:	Print name:

Please enclose one copy of your company headed paper with this application.

Please note that by signing this application form you agree to our Terms and Conditions of Trading, a copy of which can be supplied on request.