



Apply for Credit

Account Application Form

Company Information

Reseller: (Please circle appropriate)

Yes	No
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Company Name:

First Name:

Last Name:

Contact Number:

Email Address:

Company Registration Number:

Company Address:

Company VAT Number:

Accounts Information

Contact Name:

Accounts Contact Number:

Accounts Email Address:



Delivery Information

All credit accounts should be paid within 30 days from invoice date otherwise agreed. Credit limit will be based upon credit check of the company.

New customers will be required to pay in full for first order, accounts will be activated thereafter.

Please return completed form to: info@dustspares.co.uk