

ENGMAL STAINLESS LIMITED

CREDIT ACCOUNT APPLICATION FORM

Payment Terms: 30 days net monthly, unless otherwise agreed in writing.



BUSINESS DETAILS

Registered Name:

Trading Name:

Registration No:

VAT No:

Telephone:

Email:

Delivery Address:

Invoice Address:

CONTACT PERSONS

Accounts Contact:

Accounts Name:

Accounts Phone:

Accounts Email:

Purchasing Contact:

Purchasing Name:

Purchasing Phone:

Purchasing Email:

CREDIT REQUEST

Credit Limit Required:

BANKING DETAILS

Bank:

Account Name:

Account Number:

Bank Sort Code:

TRADE REFERENCES

1. Company:

1. Phone:

2. Company:

2. Phone:

DECLARATION

I/We hereby apply for a credit account with Engmal Stainless Limited and confirm that the information provided is true and correct.
I/We agree to abide by Engmal Stainless Limited's standard terms and conditions.

Authorised Signatory:

Signature:

Position:

Date: