

ANDREWS FASTENERS LIMITED

APPLICATION FOR CREDIT ACCOUNT

The following information is required in order to obtain a credit account, please complete the detail and fax the completed application to 0113 243 6463.

Customer Name:	<input type="text"/>	Fax No:	<input type="text"/>
Customer Address:	<input style="height: 30px;" type="text"/>		
Email:	<input type="text"/>	Website:	<input type="text"/>
Registered Office: (if different)	<input style="height: 30px;" type="text"/>		
Registered Number:	<input type="text"/>	Date of Incorporation:	<input type="text"/>
Type of Business:	<input style="height: 20px;" type="text"/>		

Public Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>
Private Limited Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>
Subsidiary of:	<input style="width: 100%;" type="text"/>

Size of your Company:	NO. OF EMPLOYEES	ANNUAL SALES
	1 - 4	Under £100,000
	5 - 15	£100,000 - £500,000
	16 - 49	£500,000 - £2m
	50 - 99	£2m - £5m
	Over 100	Over £5m

Name of person responsible for paying your account	<input style="width: 100%;" type="text"/>
Name and title of the head of your financial function	<input style="width: 100%;" type="text"/>
Name of your Managing Director	<input style="width: 100%;" type="text"/>
Name of your Buyer/Sales Contact	<input style="width: 100%;" type="text"/>
Approximate credit limit required (if known)	£ <input style="width: 80%;" type="text"/>
Please supply your full Company VAT No. (Non UK&EEC Countries only)	<input style="width: 100%;" type="text"/>
Where did you first hear of Andrews Fasteners Ltd? (For marketing purposes)	<input style="width: 100%;" type="text"/>

REFERENCES

Please supply the name and address of 2 principal UK suppliers and your Bankers:

REFERENCE 1	REFERENCE 2	BANKERS
Tel No: Fax No:	Tel No: Fax No:	

We hereby request credit facilities for this Company. We have seen, and agree to abide by the 'Conditions of Sale' of Andrews Fasteners Limited.

SIGNED:	POSITION:	DATE:
PRINT:		

(Note: This request must be completed in full and signed by an authorized signatory before an account can be opened).

Completed by Andrews: A5/091100(QCD45)	Credit Limit: Account Inputted By:	Authorized By: Checked By:
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