

# 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** or email to **accounts@andrewsfasteners.uk**

Customer Name:			
Customer Address:			
	Email:	Website:	
	Telephone No:	Fax No.	
Registration No:	Incorporation date:		
Registered Office: (if different)			
Type of Business:			

Public Limited Company		Partnership	
Private Limited Company		Sole Trader	
Subsidiary of:			

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	

Invoice Currency	
Sterling	c
Euro	c
Dolar	c

Name of person responsible for paying your account	
Name and title of the head of your financial function	
Name of your Managing Director	
Name of your Buyer/Sales Contact	
Approximate credit limit required (if known)	
Please supply your full Company VAT No. (Non UK&EEC Countries only)	
Where did you first hear of Andrews Fasteners Ltd? (For marketing purposes)	

### REFERENCES

Reference 1:	Reference 1:	Bankers
Tel. No:	Tel. No:	
Fax 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.

SIGNATURE:	POSITION:	DATE:
PRINT:	<b>Note: This request must be completed in full and signed by an authorized signatory before an account can be opened.</b>	

Completed by <i>Andrews Fasteners Ltd</i>  QCD 45    A7/310119 E1	Credit Limit:	Authorised:
	Account created by:	Checked by: