Credit Application For a Business Account

BUSINESS CONTACT INFORMATION

Title
Company name
Address
City - Post Code
E-mail
Date business commenced
Company Registered No
Phone | Fax
VAT number

BUSINESS AND CREDIT INFORMATION

City - Post Code
How long at current adress?
Phone | Fax
E-mail
Bank name
Primary business adress
City - Post Code
Phone | Fax
Account number
Type of account

BUSINESS/TRADE REFERENCES

Company name
Address
City - Post Code
Type of account
Phone
Fax
E-mail
Other

Company name
Address
City - Post Code
Type of account
Phone
Fax
E-mail
Other

Company name
Address
City - Post Code
Type of account
Phone
Fax
E-mail
Other

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within fifteen working days.
3. By submitting this application, you authorize Famatel UK Limited to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature
Name and Title
Date
Signature
Name and Title
Date