



APPLICATION FOR CREDIT FACILITY

GENERAL INFORMATION

Monthly Credit Limit Requested	
Name of Organisation	
Address	
Telephone No	
Fax No	
Co. Registration No (If Applicable)	
VAT No. - E.C. Countries (Excluding U.K.)	
Date of Incorporation (If Applicable)	

DIRECTORS/PARTNERS/MANAGERS

Name	
Home Address	

Purchase Ledger Contact		
Telephone Number & Extension		
Statement of Account Email Address		
Invoice Email Address		
Please indicate by which method you would prefer to receive your invoices	Email <input type="checkbox"/>	Postal <input type="checkbox"/>

FINANCIAL INFORMATION

Last Year's Turnover	
Last Year's Profit/Loss	
No. of Employees	

The above information is not mandatory to obtain an account with Static Control Components (Europe) Limited but will be of assistance in assessing a credit limit.

BANK INFORMATION

Bank Name	
Address	
Account Number	
Telephone No	
Fax No	
Contact Name	

TRADE REFERENCES

Contact Name	
Name of Organisation	
Address	
Telephone/Fax No	
Email Address	

Contact Name	
Name of Organisation	
Address	
Telephone/Fax No	
Email Address	

We may contact these companies for a reference

I/We acknowledge receipt of Static Control Components (Europe) Limited's Standard Terms & Conditions of Sale and agree to comply with the contents of that document. I understand that continued provision of a credit facility will be dependant upon compliance with those terms.

I hereby authorise Static Control Components (Europe) Limited to obtain credit information from the sources given above.

Name	
Date	
Signature	
Position	