

Europoint Manufacturing Ltd

15 Goulston Street, Aldgate, London E1 7TP

www.deathkitty.co.uk | Tel: 020 7247 1925 | Fax: 020 7247 9962

APPLICATION FOR COMMERCIAL CREDIT

Please note that our trading terms are payment due 30 days eom from the date of our invoice. We operate a strict credit control policy and all unpaid accounts will automatically be placed on hold if invoices remain unpaid after 30 days eom. We will only offer credit facilities based on your agreement to abide by these payment terms

1) Full trading name(s) of applicant:

Full trading address:

.....

.....

Tel: Postcode:

E-mail: Fax:

Website Mobile:

2) Your Banker's name:

Account Number: Sort Code:

Address

.....

3) Name and address of two principal suppliers (full details)

A)

.....

E-mail:

Tel: Fax:

Value of annual purchases £

b)

.....

E-mail:

Tel: Fax:

Value of annual purchases £

4) What is the size of your business? No. Of employees:

Annual Sales £

What is your business type (e.g. Business Gifts):

5A) If a limited company or PLC

Address of your Registered Office:

.....

VAT Registration Number: Paid up capital £

No. Of shares issued: of nominal value £

Year of incorporation: Company Registration No:

5B) If a Sole Trader or Prtnership give full names (NOT INITIALS) and private addresses of ALL Partners:

a)

.....

b)

.....

Year of commencement: VAT Registration No:

6) Please state you maximum credit requirement £:

7) Contact Details

Names of your managing director/Senior Partner/Owner

Tel: E-mail:

Name of Sales and marketing contact: E-mail:

Tel: E-mail:

Name of Purchasing contact: E-mail:

Tel: E-mail:

Name fo Finance contact: E-mail:

Tel: E-mail:

Names of IT contact: E-mail:

Tel: E-mail:

As a business, we are moving towards E-mailing all correspondence (inc. Invoices and statement) If you don't wish to receive yours in this format please tick this box

DECLARATION BY CREDIT APPLICANT

We hereby request to open a credit account with

I, being an authorised officer of this business do agree that payment of all accounts will be received by Europoint Manufacturing Ltd 30 days EOM from the date of the invoice. I/We appreciate that adherence to this obligation is the essence of the contract between us and I confirm that I have received, read and agreed to the terms and conditions of Europoint Manufacturing Ltd

Signed: Name (Print):

Position: Date:

PLEASE ENCLOSE YOUR LETTERHEAD WITH THIS APPLICATION