

**HYLEC-APL LIMITED
APPLICATION FOR CREDIT ACCOUNT**



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|---|--|
| Company Name: | If Limited, state registered office |
| Trading Name and Full Address | |
| Tel No: Fax No: | |
| Address for Account Purposes | Company Registration No: <input type="text"/> |
| | Date of Registration: <input type="text"/> |
| Accounts Contact: Accounts E-mail: | VAT Registration No: <input type="text"/> |
| Tel No: Fax No: | Number of Employees: <input type="text"/> |
| Name of Proprietors or Partners if not a Limited Company | Classification/Trade |

LETTER HEADING MUST BE ATTACHED

Name and address of Bankers

| | |
|--------------------|-------------------|
| Account No: | Sort Code: |
|--------------------|-------------------|

Name and address of 2 Trade Reference (Stationery and Leasing Companies not accepted).

| | | | |
|-------------|-------------|-------------|-------------|
| Tel: | Fax: | Tel: | Fax: |
|-------------|-------------|-------------|-------------|

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| Suggested approx. monthly facility required: £ | CREDIT TERMS ARE STRICTLY 30 DAYS END OF MONTH OF INVOICE AND ALL QUERIES MUST BE NOTIFIED IN WRITING WITHIN 7 DAYS OF RECEIPT OF INVOICE. |
| Should an account be granted I/We agree to comply with the terms of credit as detailed above and acknowledge receipt of the Terms and Conditions (copy attached) | |
| Print Name: | Internal use only |
| Signed: | Credit Approved/Not approved |
| Date: | Account No |
| Position: | Credit Limit |
| | Signed |
| | Date |

CREDIT ACCOUNT DETAILS WILL BE ADVISED WHEN COMPLETED