

CREDIT APPLICATION FORM



Euroclad Limited
Wentloog Corporate Park
Wentloog Cardiff CF3 2ER

Tel 02922 010101
Fax 02922 010111
Web www.euroclad.com

Please complete and return this application form with a copy of your company's letter headed paper to:
accounts@euroclad.co.uk

This is an application to open a credit account with Euroclad Ltd

Your Company name			
Address			
	Post code		
Email address			
Telephone number			
Fax number			
VAT number			
Co. Reg Number			
Name of Managing Director			
Credit limit required			

If your company is a partnership please give details of all partners, including home addresses:

Name		Name	
Address		Address	
Post code		Post code	

Accounts payable contact

Name	
Telephone number	
Email address	

Order acknowledgements and Invoices will be sent to the accounts payable contact, unless indicated below:

Order acknowledgements	
Invoices	

TERMS: 30 DAYS PLUS END OF MONTH FOLLOWING DATE OF INVOICE.

DECLARATION BY CREDIT APPLICANT: We hereby request you to open a credit account I, being an authorised officer of this business, do agree that payments of all accounts will be received by you (our supplier) within the above stated credit terms. A credit search may be carried out by ourselves and/or our factoring company before an account can be opened. An enquiry may be made about principle directors with a credit reference agency. Information relating to your trade performance may be used by our factoring company who may use this information to assess future applications for credit.

I/We appreciate that adherence to this obligation is the essence of the contract between our two companies and consent to the above mentioned credit search(es) being carried out. A credit search may be carried out by ourselves and/or our factoring company before an account can be opened.

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Signed _____ Print _____ Date _____