

APPLICATION FOR CREDIT ACCOUNT

Business contact Information

Company Name:	
Trading As:	
Invoicing Address	
Registered office Address:	
Telephone Number:	
Fax No:	

Company Information

Company Type:	(Sole Trader / Partnership/ LTD/ PLC)
No. of Years Trading:	
Company Reg. No:	
Vat No:	
Credit Limit Required:	£
Sales Representative:	

Acknowledgement: Having received and read pure technology group ltd's standard Terms & Conditions of sales, I hereby agree to abide by these Terms & Conditions

Accounts Contact.....Tel No.....

Email Address.....

Signed.....Name.....

Position.....Date.....

Please note that our standard terms are 30 days from date of invoice

Fax the completed form along with a blank company letterhead to: 0844 800 4187