

## Credit Account Application

30 Days EOM

<b>Company Name</b>		<b>Business Ownership</b>		<i>(Please indicate business ownership below)</i>	
		PLC	Limited	Sole Trader	Partnership
<b>Trading Name</b>		<b>Business Type</b>		<i>(Please indicate business type(s) below)</i>	
		OEM	Reseller	End User	
<b>Invoice Address</b>		<b>Registered Office Address</b>			
<b>Post Code</b>		<b>Post Code</b>			
<b>Telephone</b>		<b>Company Registration Number</b>			
<b>Fax</b>		<b>VAT Registration Number</b>			
<b>Contact Name</b> <small>Mr/Mrs/Miss/Ms</small>		<b>How long has your Company been established?</b>			<small>yrs</small>
<b>Email Address</b>		<b>Website Address</b>			

<b>Trade References</b>		<i>(Where you have been supplied goods or services on credit)</i>			
1.		2.			
<b>Address</b>		<b>Address</b>			
<b>Post Code</b>		<b>Post Code</b>			
<b>Telephone</b>		<b>Telephone</b>			
<b>Contact Name</b> <small>Mr/Mrs/Miss/Ms</small>		<b>Contact Name</b> <small>Mr/Mrs/Miss/Ms</small>			
<b>A/C Open Date</b>		<b>Credit Limit</b> £ / month		<b>A/C Open Date</b>	

<b>Bank Reference</b>			
<b>Account Name</b>		<b>Accounts Contact</b> <small>Mr/Mrs/Miss/Ms</small>	
<b>Account Number</b>		<b>Telephone</b>	
<b>Sort Code</b>		<b>Fax</b>	
<b>Branch Address</b>		<b>Email Address</b>	
		<b>Purchasing Contact</b> <small>Mr/Mrs/Miss/Ms</small>	
		<b>Telephone</b>	
		<b>Fax</b>	
<b>Post Code</b>		<b>Email Address</b>	

<b>Value of Initial Order</b>		£	<b>Estimated Annual Turnover with Industrial Ancillaries</b>		£	/ p.a.

<b>Delivery Addresses</b>		<i>(Main Delivery Address — if different from Invoice Address — and any additional delivery addresses)</i>	
<b>1.</b>		<b>2.</b>	
<b>Address</b>		<b>Address</b>	
.....		.....	
.....		.....	
.....		.....	
<b>Post Code</b>		<b>Post Code</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Contact Name</b>	Mr/Mrs/Miss/Ms	<b>Contact Name</b>	Mr/Mrs/Miss/Ms

<b>3.</b>		<b>4.</b>	
<b>Address</b>		<b>Address</b>	
.....		.....	
.....		.....	
.....		.....	
<b>Post Code</b>		<b>Post Code</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Contact Name</b>	Mr/Mrs/Miss/Ms	<b>Contact Name</b>	Mr/Mrs/Miss/Ms

<b>5.</b>		<b>6.</b>	
<b>Address</b>		<b>Address</b>	
.....		.....	
.....		.....	
.....		.....	
<b>Post Code</b>		<b>Post Code</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Contact Name</b>	Mr/Mrs/Miss/Ms	<b>Contact Name</b>	Mr/Mrs/Miss/Ms

We have the facility to send documents by email, fax and post. Please specify your preferred format for the following documents.

	Email	Fax	Post	Contact Name	Fax / Email Address
Quotations				Mr/Mrs/Miss/Ms	
Order Acknowledgements				Mr/Mrs/Miss/Ms	
Invoices / Credit Notes				Mr/Mrs/Miss/Ms	
Statements				Mr/Mrs/Miss/Ms	

If you would like to receive an email confirmation of when your goods have been despatched, please fill in the following details.

Contact Name	Mr/Mrs/Miss/Ms	Email Address	
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### Agreement to Industrial Ancillaries Ltd's Terms and Conditions for the Supply of Goods and Services

*(Available on request or by download from [www.indanc.com/terms](http://www.indanc.com/terms))*

<p>1. I have read and accept Industrial Ancillaries Ltd's Terms and Conditions for the Supply of Goods and Services and agree to comply with them.</p> <p>2. I accept that I must give appropriate notification within 7 days of receipt of the Goods regarding invoice queries or other discrepancies.</p> <p>3. I confirm acceptance of payment terms of 30 days End of Month from the date of invoice.</p>			
Signed		Print Name	
Date		Position	

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*Please Fax this form to 0800 1971 888*

For Internal Use Only		Y	N
Credit Reference acquired			
Contacts updated in Credit Hound			
Confirmation sent to Customer			
Credit Score			
Credit Limit recommended		£	
Authorised by			
Date			