

Credit Application Form

Company Details

Company Name	<input type="text"/>		
Invoice Address	<input type="text"/>	Registered Number (if applicable)	<input type="text"/>
		Telephone Number (Accounts Dept.)	<input type="text"/>
		Credit Limit Required (per month)	<input type="text"/>

Trade References

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone Number	<input type="text"/>

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone Number	<input type="text"/>

I/We note your credit terms i.e. all accounts are strictly 30 days nett and payable 30 days from date of invoice. Invoice must be notified to Mercom within 5 working days.

Signature	<input type="text"/>		
Print Name	<input type="text"/>		
Position	<input type="text"/>		
Date	<input type="text"/>		

**Please fax completed form
back to 01202 661216**