

CREDIT ACCOUNT APPLICATION FORM

V2015.05

COMPANY DETAILS

Company name	_____	Contact Name	_____
Company Address	_____	Email address	_____
		Telephone no	_____
Post code	_____	Fax no	_____
Company reg. no	_____	VAT no	_____

NATURE OF BUSINESS

Activities	Distributor _____	OEM _____	CEM _____
Period of Trading under current name	Year _____ Month _____	Number of employees	_____
Director/s or partner name	_____	email address	_____
Purchasing manager	_____	email address	_____
Buyer	_____	email address	_____
Accounts	_____	email address	_____

FINANCIAL DETAILS

Bank Name	_____	Account no	_____
Branch	_____	Sort Code	_____
Address	_____	Preferred Currency	GBP £ EURO € US \$
		Maximum credit required for agreed period	_____
Post code	_____		

TRADE REFERENCES

Company Name	_____	Company Name	_____
Address	_____	Address	_____
Post code	_____	Post code	_____
Account no	_____	Account no	_____
Contact	_____	Contact	_____
email address	_____	email address	_____
Telephone no	_____	Telephone no	_____
Fax no	_____	Fax no	_____

DECLARATION

We request that Lewmax Programming Ltd grant facilities for our above named company. We confirm receipt of Lewmax Programming Ltd Terms and Conditions of sale and that orders we placed will be in accordance with these terms, that will override any terms & conditions of purchase.

Signature: _____	Print Name _____
Position: _____	Date: _____