

Door Furniture & Entrance Specialists Ltd

Credit Application

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We request you to open a credit account in the name of:

1. Customer Name:
2. Address:
Postcode:
3. Telephone:
4. Reg No.:
5. VAT Reg No.:
6. Name of Contact:
7. Group Associations:
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8. Types of products required:
9. Applications/End use:
10. Projected Monthly Purchase Value: £
11. Maximum Credit Requested: £
Please note that our strict payment terms are net monthly
12. Accounts Email Address:
13. Sales Email Address:
14. Name of accounts contact in the event of delayed payment:
Signed:
-
Date:

