

COMPANY DETAILS

Sole Trader

Partnership

Limited Company

Registered Name

Reg No.

VAT No.

Trading Name (if different from above)

Registered Address

Post Code

Phone

Fax

Invoice Address (if different from above)

Post Code

Phone

Fax

DECLARATION OF APPLICANT

On behalf of the Applicant, I/we state that I am/we are duly authorised to sign this Application and make the following declaration

1. All particulars herein are correct to the best of my/our knowledge, information and belief.
2. I/we have read and understood the terms and conditions overleaf and agree that all dealings between 64TEQ Limited and ourselves shall be regulated thereby.
3. I/we have noted in particular that payment terms are 30 days net monthly from date of invoice and that title in any goods does not pass until all monies due on the account have been paid.
4. I/we authorise our bank to give business reference details if requested.

Signed

Full Name

Position

Date

FOR INTERNAL
USE ONLY

Approved by

Date

Credit Limit

Account No.