

CREDIT APPLICATION FORMS

Invoice/Statement Address

Tel No:

Fax No:

Email:

Co Reg No:

Co Registered Office

(Private address if not limited)

Tel No:

Date of Reg:

VAT No:

Type: PLC Ltd Othe

Ref 1

Tel No:

Fax No:

Ref 2

Tel No:

Fax No:

Bank Ref

A/C No:

Sort Code:

IBan:

BIC Code:

Director's Names:

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Submission: We hereby apply to open a credit account to the amount of £ / € and agree with your Conditions of sale and agree not to allow the company to enter in to any commitment it cannot fulfil.

(To be signed by a Company Director as applicable)

Name of Signatory:

Position:

Signature:

Date:

ORIGINAL SIGNATURE REQUIRED

(Terms and conditions attached)

How did you hear of Masterfire Products?

- | | | |
|---------------------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Trade Publications | <input type="checkbox"/> Media | <input type="checkbox"/> Specified |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Reputation | <input type="checkbox"/> Other (please specify) |

When complete, please return to accounts@masterfire.co.uk