

TEKTUM SUPPLIES LIMITED

APPLICATION FOR CREDIT FACILITY

Please complete the appropriate section below. Sign and date the form and return the top copy to us together with a copy of your letterhead.

PART A FOR USE BY A COMPANY

Full Company Name LTD / PLC Company Reg No.....
..... V.A.T. Reg No.....
Trading Name (if different from above)
Trading Address Registered Office
.....
Postcode Postcode.....
Telephone No Telephone No
Fax Fax.....

I am a Director of the company and certify that we are in receipt of, and agree to, the Tektum Terms & Conditions of Business.

Signed

Name for and on behalf of above company

PART B FOR USE BY SOLE TRADERS AND PARTNERSHIPS

Trading Name of Business Postcode.....
Principal Trading Address Telephone No
..... Fax No.....
Name and Address of **ALL** Proprietors and/or Partners *(Attach any additional names and addresses on separate sheets)
(1) Name (2) Name.....
Home Address Home Address
Postcode Postcode.....
Telephone No Telephone No

PART C TO BE COMPLETED BY ALL APPLICANTS

Nature of Business How long established
Name and Address of Bank Account No
..... Sort Code
..... Contact for Accounts Payable
Please insert the amount of total credit facility which is Email
requested £ Purchasing Contact
..... Email

I/We wish to apply for a credit account with you and in consideration of your agreeing to open we agree to our future dealings with you on the conditions of sale set out on the reverse of this form. We also understand that you may take up bank, trade or other references. We enclose a copy of our letterhead.

Signed Position

Name (in block capital) Date.....

TEKTUM SUPPLIES LIMITED

Unit 3, 56 Clydesmill Place, Glasgow, G32 8RF

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