



Specialists in the source and supply of IT hardware.

Application for Credit

Payment must be made in full by bank transfer, 30 days after goods are delivered.

Please complete this document in full and sign at the bottom.

Full Legal Title and Trading Name:.....

(Please tick where appropriate)

Sole Trader

Partnership

LLP

PLC

Limited Company

Company Reg. No.

Delivery Address

Name.....

Street.....

Town.....

County.....

Postcode.....

Telephone no.....

Statement Address (if same as delivery address, please state)

Name.....

Street.....

Town.....

County.....

Postcode.....

Telephone no.....

Business Activity (please specify).....

call 0845 1777 000 or visit www.afinitek.com



I / We request you to open a Credit Account in the name of:

.....

With a Proposed Credit Limit of:.....per month

Person responsible for payment - Contact name..... Position.....

Person responsible for payment - Contact number.....

Person responsible for payment - Email address.....

Bank Details

Name.....

Address.....

Account Number..... Sort Code.....

Trade References

I / We authorise you to take up references at any time from the under mentioned bank and trade sources (We will make searches with credit reference agencies and keep a record of those searches.)

1 Name..... Account Number.....
Full Address.....
.....
.....

2 Name..... Account Number.....
Full Address.....
.....
.....

3 Name..... Account Number.....
Full Address.....
.....
.....

Signature..... Name..... Date.....

Position.....

call **0845 1777 000** or visit www.afinitek.com

