

APPLICATION FOR CREDIT FACILITIES

Until this form has been completed IN FULL and passed to company for approval, any transaction must be strictly CASH WITH ORDER.



SUPPLIERS TO THE FOOD SERVICE INDUSTRY

Full Name	
Address	
Tel no.	
Fax no.	
Description of main business	
Number of years trading	
Company directors	
Company registration number	
Parent company name & address (if applicable)	
Amount of credit applied for	
Account department tel no.	Ext..... Contact.....
Invoice name and address (if different from above)	
Trade references (full address please)	
Company name..... Tel:..... Fax:.....	
Address.....	
Company name..... Tel:..... Fax:.....	
Address.....	
Company name..... Tel:..... Fax:.....	
Address.....	
Bank name	
Bank address	
Account No.	
<p>In applying for credit facilities, we agree to the terms offered by the company, i.e. 30 days from date of invoice or as otherwise stated. Any queries or dispute of invoice to be made within three days of despatch.</p> <p>We believe the information given above to be full and correct.</p> <p>Signed</p>	
Name in block capitals	
Date	

WELEQUIP LIMITED
 Howard Road, Eaton Socon
 Cambridgeshire
 PE19 8NU
 Tel: 01480 213312
 Fax: 01480 477310 or 407829
 Email: info@welequip.co.uk
 www.welequip.co.uk

- DESIGN
- SUPPLY
- INSTALLATION
- PROJECT MANAGEMENT
- AFTERSALES SERVICE