



CREDIT APPLICATION FORM

Full Company Name:

Full Invoice Address:

Telephone Number:

Fax Number:

Accounts Contact Name & Email Address:

Company Registration number:

VAT Registration number:

Credit Limit Requested:

Please provide 2 trade references: (must be companies willing to provide trade references)

Name of Company:

Name of

Company: Address:

Address:

Contact Details & Email Address:

Contact Details & Email Address:

We authorise Techland Systems International Ltd to undertake the appropriate searches relating to this credit review. We agree to meet all financial obligations as extended to us by Techland Systems International Ltd. We confirm we have read, understood and agree to adhere to the Terms and Conditions for the Sale of Goods and/or Services, which are posted on our website www.techland.co.uk/index.php/about-techland/terms-of-business in connection with all orders placed with Techland. We confirm payment terms are 30 days from date of invoice. We the undersigned have given Techland Systems International Ltd the information necessary to establish credit terms. The information supplied is correct and complete. **PLEASE NOTE: We only accept payment by BACS.**

Name:

Job Title:

Signature:

Date:

Please fax this form to Techland on +44(0) 845 5652001

Techland

Internal Use:

Account No:

Credit Limit

Approved By

Date: