



APPLICATION FOR CREDIT ACCOUNT

BUSINESS CONTACT INFORMATION

Company name			
Phone		Year Company Founded	
Fax		Company Registration Number	
E-mail		VAT Number	

TRADING ADDRESS

Company name		Phone	
Address		Fax	
City, State, Postcode		E-mail	

REGISTERED ADDRESS (IF DIFFERENT)

Company name		Phone	
Address		Fax	
City, State, Postcode		E-mail	

BUSINESS AND CREDIT INFORMATION

Nature of Business			
Credit Limit Required			
Payment Terms Requested	<input type="checkbox"/> 7 days	<input type="checkbox"/> 14 days	

TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

AGREEMENT

1. The outcome of your application for credit will be notified to you in writing, which will confirm credit limit and payment terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Schallenberg International Limited to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Applicant Signature		Schallenberg Signature	
Name		Name	
Title		Title	
Date		Date	

HSBC BANK DETAILS

ACCOUNT NUMBER: 31414445

SORT CODE: 40 21 06

