

UNIT 37, SKTCHLEY MEADOWS IND. EST, HINCKLEY, LE10 0GF
TEL: 01455 616606 FAX: 01455 250237
WWW.TOP-LTD.CO.UK SALES@TOP-LTD.CO.UK

APPLICATION FOR CREDIT FACILITIES

Company Name:

Company Registration Number:

Company VAT Registration Number:

Telephone Number:

Fax Number:

Delivery Address:

.....
.....

Accounts Telephone Number:

Contact Name for Accounts:

Invoice Address: (If same as delivery address, please state)

.....
.....

Website:

Email:

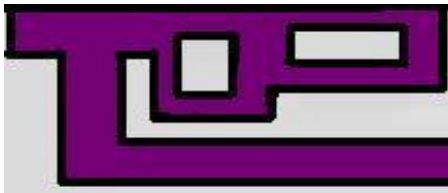
Bank Details:

Name:

Address:

.....
.....

Company Secretary:



TRANSMISSION OF POWER
PART OF THE KPEC GROUP

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Directors:
.....

Please give TWO current trading references:

1. 2.
.....
.....
.....

Telephone: **Telephone:**.....

Please enter the name of the person authorized to sign orders on behalf of your company.
.....

I/We request you to open an account in the name of:
.....

With a proposed credit limit of £..... per month.

Please note: in applying for credit facilities, any queries or disputes of invoices must be made in writing within 7 days of date of invoice.

All credit accounts opened with Transmission Of Power will be given a 30 day account from receipt of invoice.

We believe that the information given above to be full & correct.

SIGNED.....

PRINT NAME.....

POSITION.....