



Application for Credit Account

Name of Company:		Requested Credit Limit:	
Invoice Address		Delivery Address	
If Ltd Co, Registered Address		Company Reg:	
		VAT Reg:	

CONTACT NAME	TEL NO	FAX	E-MAIL
Purchasing:			
Accounts:			

TRADE REFERENCES	
1: Name Email: Tel: Fax:	Address:
2: Name Email: Tel: Fax:	Address:

I/We apply for a Credit Account with AS Catering Supplies Ltd subject to strict payment terms of 30 days.

Signed:.....

Name:.....

Position:.....

Date:.....