



Application for Credit Account

Please complete ALL boxes IN FULL and fax back to 020 8902 7600
Failure to complete all the boxes on this form may delay your account being opened

Full Company Name

Full Company Invoice Address

Phone Fax Email

Registered Office

Registered No Vat No

Please note QBS Distribution dispatches Invoices and Statements by email

Email Invoices to: Email Statements to:

(If different)

About Your Company

Nature of Business Annual Turnover

Date Commenced Trading Required Credit Limit

Directors Name(s)

Accounts Payable Contact Email

Purchase Dept. Contact Email

Trade References

Trade Reference Name Tel:

Address

Trade Reference Name Tel:

Address

I/We declare the above information to be correct and agree to your standard terms of trade (on website), Further, should a credit facility be granted, I/we agree to payment being made 30 days from date of invoice. I am authorised by the above company to sign this application.

Name

Signature

Date

Position

Conditions of Credit: All Invoices are net plus carriage & VAT charged at the appropriate rate. Title of goods does not pass until payment is received in full. Claims for damaged goods must be notified in writing within 72hours.

Additional copies of this credit application form available here <http://www.qbsd.co.uk/accapp>