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| Company: | |
| Delivery Address: | Invoice Address: |
| Postal Code: | Postal Code: |
| Telephone: Fax: E-mail: | Accounts Telephone: Fax: E-mail: |
| Registered Office: | |
| Company Registration: | VAT Number: |
| Bankers Name and Address: | |
| Post Code: | |
| Account No: | Sort Code: |
| Credit Limit Required: | |
| TRADE REFERENCES - N/A to public bodies | |
| 1) | Tel. No: |
| 2) | Tel. No: |
| 3) | Tel. No: |
| I/We request that credit facilities be provided for this company. I/We undertake that settlements will be made within 30 days from invoice date and note that title of goods remain with ANS Group Plc until paid in full. I have read and accept ANS Group Plc's Terms & Conditions of Trade. | |
| Signed for and on Behalf of the Company | Date: |
| Name (Block Letters) | Designation: |
| FOR OFFICE USE ONLY | |
| Credit Score as per Credit Agency: | Credit Limit: |
| Approved: | Date: |