

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	
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: