

APPLICATION FOR CREDIT FACILITIES WITH: Akro Ltd – Fax Back on 0870 190 4095

Trading Name/Title:	
Address:	
Tel No:	Fax No:
Type of Business:	Email:

Registered Office Address OR Full Address of All Owners/Partners (Please use separate paper if required)	
Registration No:	Date of Incorporation:
Annual Turnover: £	No. of Employees:

Name of Accounts Payable Contact:
Name of Managing Director:
Name of Financial Director:

Bank Name:	Sort Code:
Address:	Account No:
Date Account Opened:	
(If less than 12 months, please give details of previous bank):	

Monthly Credit Required: £
Official Orders Only YES / NO Order Numbers Required YES / NO

TRADE REFERENCES

Company:	Contact Name: & Telephone No.
Address:	
Date Account Opened:	Average Monthly Purchases:
Company:	Contact Name: & Telephone No.
Address:	
Date Account Opened:	Average Monthly Purchases:
Company:	Contact Name: & Telephone No.
Address:	
Date Account Opened:	Average Monthly Purchases:

DECLARATION BY AUTHORISED PERSON

I being an authorised officer of the company/business do agree that payment of all accounts will be received by you within your stated credit terms, i.e. within 30days of invoice date. Late payments will incur interest.

I appreciate that adherence to this obligation is the essence of the contract between us, and that failure to pay to terms may result in these credit facilities being withdrawn.

A copy of our letterhead is enclosed.

Signed:	Date:
Print:	Position: