

# Request For Credit Trading Facilities/ Account Review Form

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## APPLICANT/ACCOUNT HOLDER DETAILS:

Company Name:

Trading Name (if applicable):

Address:

Postcode:

Country:

Telephone:

Email Address:

VAT Registration:

Company Registration:

Structure of Business (partnership, PLC etc):

Economic Operator Registration and Identification Number (EORI):

## INVOICE ADDRESS (if different to address above):

Address:

Postcode:

Country:

Email Address (order confirmation):

## DELIVERY ADDRESS (if different to address above):

Address:

Postcode:

Country:

## FINANCE DEPARTMENT CONTACT:

Name:

Telephone:

Designation:

Email Address\*:

\*Email address for invoices & statements



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A trading division of Polycos Healthline Ltd. Registered Office: South Fen Road, Bourne, Lincolnshire, PE10 0DN

# Request For Credit Trading Facilities/ Account Review Form

Credit Limit Requested:

Currency:

Payment terms are strictly net 30 days from statement unless otherwise agreed in writing.

Please submit remittances to [creditcontrol@broshdirect.com](mailto:creditcontrol@broshdirect.com)

Shipment order: Do you require back orders: Yes

No

**DIRECTORS/PARTNERS/PROPRIETOR:**

Please submit the details of all active directors/partners. Where the applicant is a sole proprietor/partnership, please provide a residential address.

Name

Designation

Email Address

Address:

Name

Designation

Email Address

Address:

Name

Designation

Email Address

Address:

I/We, the undersigned, hereby confirm that I am/we are authorised to enter into this agreement on behalf of the Applicant/Account Holder. I/We further confirm that I/we have read and accept the terms and conditions of sale and authorise the "Supplier" to perform the necessary credit searches through an authorised credit bureau for the purposes of establishing and managing our credit facilities.

Signature:

Signature:

Signature:

Please sign by hand as we are unable to accept digital signatures

Date:

Date:

Date:

Full Name of Signatory:

Full Name of Signatory:

Full Name of Signatory:

Position:

Position:

Position:

Please submit your completed form to [creditcontrol@broshdirect.com](mailto:creditcontrol@broshdirect.com)

