

Request For Credit Trading Facilities/ Account Review Form

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):

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



Brosch Direct, South Fen Road, Bourne, Lincolnshire, PE10 0DN

Tel: 01733 230 230 • www.broschdirect.com

Registered in England • Registration No. 02000388 • VAT No. GB245292209

A trading division of Polyco 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@broschdirect.com

Shipment order: Do you require back orders: Yes No

DIRECTORS/PARTNERS/PROPRIETOR:

Name	Designation	Email Address
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I, _____, the undersigned hereby confirm that I am authorised, in my capacity as _____ to enter into this agreement on behalf of the Applicant/ Account Holder.

I further confirm that I have read and accept the terms and conditions of sale and authorise Brosch Direct to perform the necessary credit searches through an authorised credit bureau for the purposes of establishing and managing our credit facilities.

Signature:

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

Date:

Full Name of Signatory:

Please submit your completed form to creditcontrol@broschdirect.com



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