ACCOUNT FORM





APPLIC	CAT	ION FO	OR C	REDIT	ACCO	UNT			
REGISTERED CO	ОМРА	NY NAME					COMPA	NY REG NU	MBER
							СОМРА	NY VAT NU	JMBER
LIMITED COMPA	MY	PARTNERSH	HIP S	OLE TRADER	C OTHER		NUMBER	OF YEARS	TRADII
Applicants / Acco	ount H	older's Nam	ne: _						
DETAIL	S								
PURCHASER/S	:								
EMAIL	:				CON	TACT NUMBER			
REGISTERED ADDRESS	:						PURCHA	ASE ORDER	REQU
ACCOUNTS CONTACT	:								
EMAIL	:				CON	ITACT NUMBER			
INVOICE ADDRES							BANK NA	AME	
INVOICE ADDRESS							SORT CO)DE	
ELECTRONIC IN	IVOICI	ES	YES	NO		AC	COUNT N	UMBER	
CREDIT AMOUN	IT REC	UESTED	:						
ONDITIONS PLETING THIS FORM, THE APPLICANT A RMINE SUITABILITY FOR CREDIT FACIL GROUP LTD RESERVES THE RIGHT TO B IT PRIOR NOTICE. IT TERMS ARE STRICTLY 30 DAYS FROM SONAL DATA PROVIDED WILL BE PROC	ITIES. REFUSE, SUSPI THE DATE OF	END, OR REMOVE CREDIT	FACILITIES AT AN	Y TIME WRITING.					
TION ACT 2018.	LUJED AND 3	. S.LD IN ACCORDANCE V	III. GDFR A	2010	FULL	NAME		Signature	•