

## CREDIT APPLICATION FORM

Business Name	Legal Entity: ie Ltd, Co.
Address:	Date Established:
Address.	Date Established.
	Name of Directors &
	Partners:
	Trade Ref 1:
Tel:	
	Name:
Fax:	Address:
Buyer Name:	<u> </u>
Account Contact:	-
Business Activity:	Tel:
Busiliess Activity.	Fax:
Bankers Name:	Contact:
Bankers Address:	Trade Ref 2:
	Name:
	Address:
Sort Code:	_
	Tel:
Account No.:	Fax:
	Contact:
I / We hereby apply to open a trade credit account with Sole Si	ustams Ltd. I / Wa agree to ahide by your navment terms

I/ We hereby apply to open a trade credit account with Sole Systems Ltd. I/ We agree to abide by your payment terms 30 days from the date of Invoice, and acknowledge that the title of all goods supplied shall pass to us only when full payment is received by you and not on delivery of goods. I/ We also understand that any discrepancies or damage to goods must be notified to us within 3 days.

Sign:	Date:
Print:	Position:

Sole Systems Ltd.

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