

TEFLOTURN LTD CREDIT REQUEST FORM

Customer Name

Invoice Address	Delivery Address
.....
.....
Post Code

Telephone No

Fax No

E-Mail

Anticipated SpendMonth/ Annum

Customer Description

Managers Name

Buyers Name

Accounts Contact

BANK DETAILS

Bank

Branch

Account No SORT CODE.....

TRADE REFERENCES

1) 2).....

.....

.....

ANNUAL TURNOVER **£.....**

INVOICE METHOD

Pay on INVOICE

LIMITED COMPANY OR PLC

Registration No
.....

Registered Office or Head Office
.....

Company Secretary
.....

VAT Reg No GB.....
.....

PARTNERSHIP

Home address of at least one Partner
.....
.....
.....

VAT Reg No GB.....
.....

SOLE TRADER

Proprietor
.....

Home Address
.....
.....

VAT Reg No GB.....
.....

**A COPY OF THE CUSTOMER LETTER HEAD SHOULD ALWAYS
ACCOMPANY THIS CREDIT REQUEST FORM**

TEFLOTURN LTD TERMS OF TRADING ARE 30 DAYS FROM DATE OF INVOICE
FIRST ORDER PROFORMA

Signed on Behalf

Of.....By.....Position.....

Date.....
