

CUSTOMER CREDIT APPLICATION

Registered details				Date: DDM		
Company name:						
Company Reg No:						
VAT No:						
Registered address:						
			Post code:			
Invoicing details						
Accounts payable contact:			Telephone No:			
Facsimile No:			Email address:			
Invoicing Address:						
			Post code:			
Buyer details						
Buyer:			Telephone No:			
Facsimile No:			Email address:			
Eligibility						
Value of first order:	£			No of registered sites:		
Estimated monthly credit required:	£ ,00	00		No of IT users:		
Preferred vendor: H	P Lenovo	IBM	Dell			
How did you hear about the company?						

all fields must be completed to ensure the form isn't rejected

Approval	DDMMYY
Authorized approvers	
Authorised approvers: D.Guilbert, D.Lewis, J.Henry	