



Channel Islands, Offshore, U.K. & European Transport

APPLICATION FOR CREDIT ACCOUNT FACILITIES.

Name and Address..... Phone.....
..... Fax.....
..... Email

Contact..... Position

Registered Address (if not above).....
.....

Company Name.....

Registration Number..... Date Incorporated.....

If partnership give names and addresses of all partners in below space:-

Name and Address of bank..... Account No.....
..... Sort code.....
.....

Give names and address of two trade references. These should not be Sister or associated companies of you own.

1)..... 2).....
.....
.....

Telephone No..... Telephone No.....

What amount of credit do you require per month?.....
Breakwells terms of payment are cash with order. Where credit terms are agreed, the terms of payment are 30 days from the end of month in which the Breakwells invoice is dated. We herewith apply for credit facilities.

Signature..... Name.....

Position..... Dated.....

Registered Office: Road No. 2 Firs Industrial Estate Stourport Road Kidderminster DY11 7QN England

Telephone: +44 (0)1562 755494 Facsimile: +44 (0)1562 755495

E-mail: sales@breakwells.com Web: www.breakwells.com