

EUROPEAN INSTRUMENTS

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APPLICATION FOR CREDIT FACILITIES

(Please Complete All Unshaded Sections)

TRADING NAME: ADDRESS:		TEL NO: FAX NO: EMAIL:	
REGISTERED NAME: REGISTERED ADDRESS:		CO. REG NO: VAT REG NO: TEL NO: FAX NO:	
NATURE OF BUSINESS:		WHEN ESTABLISHED:	
PERSON RESPONSIBLE FOR PAYMENTS			
TEL NO:		FAX NO:	
BANK DETAILS			
BANKS NAME:		ACCOUNT NO:	SORT CODE: - -
<u>TRADE REFERENCES</u>			
1) NAME: ADDRESS:		2) NAME: ADDRESS:	
CONTACT: TEL NO: FAX NO:		CONTACT: TEL NO: FAX NO:	
N.B. Our terms for credit accounts are strict 30 days from invoice date. All discounts are shown on the face of the invoice and no further settlement discount is deductible. All sales are made subject to our standard conditions of sale and title of all goods remain with this company until paid for in full by the buyer.			
I/We acknowledge these conditions and apply for credit facilities.			
-----Signed Director (or Executive Officer)		-----Date	
-----Name		-----Position in company - State title	
FOR E.I. OFFICE USE ONLY		SALES AREA:	VAT CODE (Std.= 1) (Zero Rate = 2)
AUTHORISED BY:	SERVICE AREA	A/C NO.	
DATE:	Disc. Matrix No.	LIMIT	