

CUSTOMER CREDIT APPLICATION FORM

Please complete and return to our accounts department at

MCLCREATE LTD

Unit 500, Catesby Park, Eckersall Road, Kings Norton, Birmingham B38 8SE

Tel: 0121 433 8899 Fax: 0121 433 8891 Email: accounts@mclcreate.com



ADDRESS DETAILS

Company Name:

Registered Address:

Invoice Address:

Telephone Number:

Company No.

Contact Name:

Email Address:

BANK DETAILS

Bank Name:

Address:

Sort Code:

Account Number:

TRADE REFERENCES

Company Name (1):

Contact Name:

Email Address:

Address:

Company Name (2):

Contact Name:

Email Address:

Address:

REQUESTED CREDIT

Credit Required:

Payment Terms: 30 days from invoice date.

SIGNATURE

I agree to comply with the mclcreate ltd terms of business; copies of which are available for download at www.mclcreate.com/legal

Print Name:

Signature:

Position:

Date:

FOR MCLCREATE INTERNAL USE ONLY

Originator:

Office:

Authorised Credit Limit:

Date:

Account No.