

ASSA ABLOY

CREDIT ACCOUNT APPLICATION

Please complete all sections fully.

OFFICIAL COMPANY D	ETAILS:		
Company Name:			
Telephone:		Facsimile:	
Website:			
Registered Office Address:			
Date Registered:		Registration No:	
VAT Number			
Nature of Business:			
Principal Directors:	<u>1.</u> 2.		
ACCOUNTS DETAILS:			
Invoice Address:			
Accounts Contact:		Accounts Tel:	
Accounts Email:			
Delivery Address:			
BANK DETAILS:			
Bank Name:			
Bank Address			
Account Number:		Swift Code:	



FINANCIAL DATA:

Please attach a copy of your latest audited financial statement.

Financial Year End: Projected Turnover: Turnover:		(Date) (Current Year) (Previous Year)	
TRADE REFERENCES : Please provide two refe	rees in the spaces provided		
Company Name:			
Contact Name:		Email:	
Telephone:		Facsimile:	
Address:			
Company Name:			
Contact Name:		Email:	
Telephone:		Facsimile:	
Address:			

Please note that our terms are 30 days and that our standard terms and conditions apply unless expressly amended in writing.

Required Credit Limit (Please state currency)				
Signed:	Position:			
Print	Date:			