

## **Credit Account Application Form**

\*Please note that this form should be signed by a person authorised to do so (AF30)

## Fax to 01787 469200 or email to sales@qad.uk.com with a copy of your business stationary.

Name of Limited Company and/or Trading Titles:					
Full Address:					
Registered No:		Number of years trading:			
Names of Directors:					
Trading Type:		Sole Trader Partnership Limited Company Dther			
Level of Credit Requested per Month: £					
Trade References					
Reference 1:		110			
Telephone No.			Fax No.		
Reference 2:			·		
Telephone No.			Fax No.		
Reference 3:					
Telephone No.			Fax No.		
Contact					
Accounts: Invoices and Statements will be sent to this email address					
Nama			Email:		
Name:			Phone:		
Purchasing: Delivery Consignment Note details will be sent to this email address					
Mana			Email:		
Name:			Phone:		
Signature					
Title of all goods shall remain with QAD Networks Ltd until payment has been received in full.  Payment is due no later than 30th day of the month following the invoice date					
Signed:			Print Name:	:	
Position:			Date:		