



APPLICATION FOR TRADE CREDIT TERMS

Customer (Full Trading Name): _____

Trading Style: _____

Business Address: _____

Post Code: _____ Tel No: _____ Fax No: _____

Email: _____

Company Registration Number: _____
(Proprietors name if sole Trade or Partnership)

VAT Registration Number: _____

Terms of Sale - 30 Days from Invoice Date

Credit Limit required: _____

Name: _____ Date: _____

Position: _____

Completed Application to be faxed to Hideaway Beds Limited - 01752 51 11 17