

r/o 3 Anthony Way, Harbet Rd Industrial Estate, London N18 3QT Tel: 0208 8078071

CREDIT ACCOUNT APPLICATION FORM

Please complete the following and e-mail it to accounts@mixamate.co.uk. Please attach a copy of your company letterhead.

| Company Name | |
|---|---|
| Trading Address | |
| - | |
| | Post Code |
| | |
| Company Registration Number | |
| How long has your com | |
| How much credit limit de | o you require £ |
| _ | |
| Procurement | |
| Department | |
| Contact name | |
| Tel: | |
| Email: | |
| Accounts address: | |
| | Post Code |
| Accounts Contact Name | |
| Tel: | 1 |
| Email: | |
| | |
| ALL SALES INVOICES AND STATEME | ENTS WILL BE EMAILED TO ACCOUNTS EMAIL ADDRESS SUPPLIED ABOVE |
| Our terms of trading are strictly 30 days end of month | |
| 00/ 5 70 40 500 04/ 1/ | |
| SOLE TRADERS ONLY | |
| <u>1st</u> | Company Name |
| | Contact Name |
| 0.1 | Telephone No |
| 2nd | Company Name |
| | Contact Name |
| | Telephone No |
| Signed | Date |
| Print Name | |
| On behalf of | |
| **This form must be signed by a director of the company. | |
| PLEASE NOTE CREDIT ACCOUNTS WILL NOT BE AUTHORISED UNTIL WE RECEIVE RETURN OF THIS FORM COMPLETED IN FULL, SIGNED AND DATED. IF SUCCESSFUL YOU WILL BE NOTIFIED IN WRITING. | |
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