



CREDIT APPLICATION FORM

Further to our conversation, I have set up a strictly 30 days Credit Account with a nominal credit limit for your company but to ensure continuity of this credit facility our Finance Department requires the following information:

Your Ref: (GC Account No)	_____	Telephone:	_____
Company Contact:	_____	Fax:	_____
Company Name:	_____		
Accounts Payable Address:	_____		

	_____	Zip Code	_____
Telephone:	_____		
Fax:	_____		
Type of Business:	_____		
Years in Business:	_____		
President:	_____	Direct Line / Ext Number	_____
Accounts Manager:	_____	Direct Line / Ext Number	_____
Bank Name & Address	_____		

	_____	Zip Code	_____
Telephone:	_____		
Fax:	_____		
Bank Account Number:	_____		

GRAPHIC CONTROLS LTD.
ST. PETER'S QUAY, TOTNES, DEVON, ENGLAND, TQ9 5XH
REGISTERED IN ENGLAND No. 5999241 REGISTERED OFFICE: ST. PETERS QUAY, TOTNES, DEVON, TQ9 5XH
TEL : +44 (0)1803 860100 FAX : +44 (0)1803863838



Graphic Controls LTD

CREDIT REFERENCES

TRADE REFERENCE 1:

Contact Name: _____

Company Name: _____

Company Address: _____

Zip Code: _____

Telephone Number: _____

Fax Number: _____

TRADE REFERENCE 2:

Contact Name: _____

Company Name: _____

Company Address: _____

Zip Code: _____

Telephone Number: _____

Fax Number: _____

I would be grateful if you could please fill in the above details and fax them back to Graphic Controls Ltd. as quickly as possible using the numbers below so your order can be processed.

Thank you and kindest regards

Graphic Controls Ltd.

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