

Anchor Data Systems (N.I.) Ltd

CREDIT APPLICATION FOR A TRADE ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Region:	Post Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	LLC:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	Region:	Post Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank Branch:	Phone:		
City:	Region:	Post Code:	
Account Name: (Below)	Account number: (Below)	Sort Code: (Below)	
IBAN:			
BIC/Swift:		Credit Amount applied for:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	Region:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	Region:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	Region:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Anchor Data Systems (N.I.) Ltd to make inquiries into the banking and business/trade references that you have supplied. Only Account Signatories must sign below.

SIGNATURES

Title: Date:	Title: Date:
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