

ASPLI SAFETY LIMITED

211 HUNSLET ROAD, LEEDS, LS10 1PF. UK

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Tel: 0113 2461 550 Fax: 0113 2461 560



CREDIT APPLICATION FORM

Invoice Address:	Registered Office Address: (if applicable)

Company Reg No:	
V.A.T No:	

Name of Buyer:		Telephone No:	
Contact Person:		E-mail address:	
Accounts Contact:		E-mail address:	

Type of Business:		Annual Turnover:	
No. of Employees:		Years Established:	
Credit Required:			

OUR TRADING TERMS ARE STRICTLY NET MONTHLY

I/We make this application to open a credit account and understand that your credit terms are that payment is due at the end of the month following month of supply and that if credit is granted I/We agree to pay in accordance with these terms. I/We have read and accepted your Terms and Conditions of Sale.

DATA PROTECTION

We will make a search with a Credit Reference Agency, which will keep a record of that search and will share that information with other businesses. In some instances we may also make a search on the personal file of principal Directors. Should it become necessary to review an account, then again a credit reference may be sought and a record kept.

Authorised signature:		Status:		Date:	
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We agree to Aspli Safety Ltd carrying out a credit check on Experian

BELOW FOR ASPLI USE ONLY

Date Received:		Aspli Account No:	
Limit Approved:		Signature:	
Special Notes:			