

NEW CUSTOMER CREDIT APPLICATION FORM

Please email completed form to accounts@kasa-tec.co.uk

COMPANY DETAILS			
Company Name:			
Type of Business:		In Business Since:	
Legal Form in Which Business Operates:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership		
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Registered Office Address:			
Postcode:			
Registration Number:		VAT Number:	
Invoice Address: (if different from above)			
Contact Name:		Position:	
Email:			
Telephone:			
Accounts Name:		Position:	
Accounts Telephone:			
Accounts Email:			

TRADE REFERENCES			
Company 1:		Contact Name:	
Address:			



Cert No: 15981
QMS-001, ISO 9001

Postcode:			
Telephone:			
Email:			
Account Opened Since:			
Credit Limit:		Current Balance:	
Company 2:		Contact Name:	
Contact Name:			
Address:			
Postcode:			
Telephone:			
Email:			
Account Opened Since:			
Credit Limit:		Current Balance:	

BANK DETAILS			
Bank Name:			
Bank Address:			
Account Number:		Sort Code:	

I confirm that KASA-Tec Limited retain title to all goods/services supplied until payment in full has been received.

I agree to pay for goods or services supplied by KASA-Tec Limited in accordance with the agreed terms and conditions of trade which are 30 days from end of month.

I accept that all parts and labour are subject to KASA-Tec Limited Terms and Conditions.



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I certify that the information contained herein is complete and accurate.

I hereby authorise KASA-Tec Limited to obtain references from the above, as and when appropriate.

TO BE SIGNED BY PERSONS WITH SIGNIFICANT CONTROL			
Signed:			
Printed Name:		Position:	

TO BE REVIEWED BY KASA-TEC LIMITED	
Application Fully Completed?	Y / N
Application Signed by Persons With Significant Control?	Y / N
Application Reviewed By:	