CREDIT APPLICATION FORM



ORGANISATION NAME	TRADING NAME (if different)
INVOICE ADDRESS	DELIVERY ADDRESS (if different)
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MAIN BUYER	ADDITIONAL AUTHORISED BUYERS
Full Name	Full Name
Telephone	Telephone
Fax	Fax
E-Mail	E-Mail
	Please list other authorised buyers separately
	Main_buyerAdditional_buyer_
If you wish to buy on-line, please provide an individual case sensitive password for each buyer	Password
individual case sensitive password for each bayer	
COMPANY REG NUMBER	VAT REG NUMBER
BANK DETAILS	PURCHASE LEDGER CONTACT
Name	Name
Address	Position
	Tel
Sort code [][]-[][]-[]]	Fax
Account number	E-Mail
BUSINESS STATUS : PLC LTD LTD	PARTNERSHIP SOLE TRADER
If your business operates as a Sole Trader we require the full nam	· ·
If your business operates as a Partnerships we require the full nar	
In order for us to process your application for credit we may pass y	· · · · · · · · · · · · · · · · · · ·
by signing this form you give your explicit consent for Just Lamps Ltd to approach any such agency	
TYPE OF ACCOUNT REQUIRED ? Cash with order	
	t Debit - 1 collection, end of month following
	bllections. Invoices dated 1st to 15th by 31st
invoices dated	d 16th to 31st by 15th of the following month 0.5% settlement discount
Title retains with Just Lamps Ltd until payment is received	
By signing this form you are agreeing to abide by Just Lamps terms & conditions, a full set of which are available on request	
I / WE AGREE TO THE ABOVE TERMS,	NAME:
	POSITION:
	SIGNATURE: