

# Litho Circuits

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

*Title:			
*Company name:		*Company Reg No. (if applicable)	
*Phone:	Mobile:	*E-mail:	
*Registered company address:			
*City:		County:	*Post Code:
Date business commenced:		Company VAT No.	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>

### BUSINESS AND CREDIT INFORMATION

*Primary business address:			
*City:		County:	*Post Code:
*How long at current address?			
*Telephone:	Mobile:	*E-mail:	
*Bank name:			
*Bank address:		Phone:	
*City:		County:	*Post Code:
*Type of account:		*Account number:	
*Sort Code:			
*Credit Limit Requested £		Credit Limit Agreed £	

### BUSINESS/TRADE REFERENCES

*Company name:			
*Address:			
*City:		County:	*Post Code:
*Phone:	Mobile:	*E-mail:	
*Type of account:			
*Company name:			
*Address:			
*City:		County:	*Post Code:
*Phone:	Mobile:	*E-mail:	
*Type of account:			

### AGREEMENT

1. All invoices are to be paid 30 days from the date of invoice by Bank Transfer only, **We do not accept payments by cheque.**
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Litho Circuits to make inquiries into the banking and business/trade references that you have supplied. **Areas marked with a "\*" MUST be completed for your account to be considered for approval.**

### SIGNATURES

To be completed by applicant	To be completed by Litho Circuits Account reference number _____
Signed:	Signed:
Title:	Title:
Date:	Date:

By signing and returning this application you are accepting of full terms and conditions set out on our website at [www.litho-circuits.com/](http://www.litho-circuits.com/)

[Email this completed credit application form to info@litho-circuits.com](mailto:info@litho-circuits.com)