

Company Name: .....

Contact Name: .....

Telephone/Fax: .....

Address: .....

Email: .....

Company Reg No: .....

Date Established: .....

Executives: .....

Credit Limit

Requested: .....

## Bank Details

Bank Name: .....

Address: .....

Sort Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Trade References

Company Name: .....

Company Name: .....

Contact Name: .....

Contact Name: .....

Address: .....

Address: .....

Email: .....

Email: .....

Telephone: .....

Telephone: .....

## Declaration

I hereby agree that all invoices will be paid to G-TEC Distribution Ltd within 30 days end of month from the date of invoice or on presentation if credit limit is extended. I also agree that all goods remain the property of G-TEC until full payment is made against the invoice.

Authorised Signature: ..... Print Name: ..... Date: .....