

APPLICATION FOR CREDIT FACILITIES

TRADING NAME			
REGISTERED COMPANY NAME			
FULL ADDRESS			
			POSTCODE
TEL NO		FAX NO	
VAT NO		CO. REG.	
DATE CO. EST.		NATURE OF BUSINESS	
CREDIT LIMIT REQUIRED £			
BANK DETAILS			
BANK NAME			
BRANCH ADDRESS			
			POSTCODE
SORT CODE		A/C NO	
TEL NO		FAX NO	
WE HEREBY AUTHORISE OUR BANKERS TO PROVIDE A REFERENCE WITH REGARDS TO OUR CREDIT WORTHINESS			
SIGNATURE			
WE APPLY FOR A TRADE CREDIT ACCOUNT WITH PULSAR MARKETING LIMITED T/A PULSAR COMPUTING AND ABIDE BY THEIR TERMS AND CONDITIONS OF SALE AND TO MAKE PAYMENT OF ALL INVOICES PROMPTLY TO AGREED TERMS (30 DAYS UNLESS OTHERWISE AGREED).			
NAME		SIGNATURE	
POSITION		DATE	