



CREDIT APPLICATION FORM

Please complete and return, together with a copy of your letterhead paper to: Rompa Ltd, Goyt Side Road, Chesterfield, Derbyshire, S40 2PH Telephone: 01246 211777 Fax: 01246 221802 E-mail: sales@rompa.com www.rompa.com

Company name (in full, inc Ltd if applicable):
Company address (inc post code):
Company registration number:
Company telephone number:
Company fax number:
If Ltd company, please give all partners names, Home addresses and home telephone numbers:
1.
2.
3.
Buyers name (contact purposes):
Buyers e-mail address:
Accounts dept. (contact purposes):
Accounts dept. e-mail address:

Bank name:
Address:
Sort code:
Account number:
Trade references
1st Reference
Company name:
Company address:
Length of time trading with this company:
2nd Reference
Company name:
Company address:
Length of time trading with this company:
Internal use only
Date credit agreed:
Credit limit agreed:
Authorised by:

I/We apply for a credit account subject to the agreed terms and conditions of sale and agreed to pay in accordance with these terms.

Signed ..... Date ..... Position in company .....