

## APPLICATION FOR CREDIT

Please complete this form and return the original with a copy of your letterhead. New orders will only be processed when trade references have been taken up. Orders requiring completion prior to receipt of trade references will require payment in full prior to dispatch of goods. Please note that we will use Barclays CREDIT FOCUS software to perform a credit check on all Companies who wish to apply for credit. New customers must provide a copy of their certificate of competency to administer intra articular injections.

<b>Name of Company</b>
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<b>Business Address</b>	
<b>Post Code</b>	<b>E-mail</b>
<b>Telephone Number</b>	<b>Fax Number</b>

<b>Company Registration Number</b>
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<b>Web Address</b>
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<b>VAT Registration Number</b>
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<b>Date Registered</b>
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<b>Parent Company Name</b>
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<b>Number of Employees</b>
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<b>Invoice Address</b> (if different from above)	
<b>Direct Line for Accounts Contact:</b>	<b>Accounts Contact</b>

<b>Credit Limit Required</b>
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<b>Preferred method of Payment</b> (please tick)	<b>BACS</b> <input type="checkbox"/>	<b>Cheque</b> <input type="checkbox"/>	<b>Credit Card</b> <input type="checkbox"/>
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**If not a Limited Company**

<b>Name and Address of Proprietor/Partners</b>
<b>Telephone Number</b>

**Trade References** (to be completed in **all** cases)

<b>Company Name</b>
<b>Address</b>
<b>Telephone Number</b>
<b>Fax Number</b>
<b>Contact Name</b>

<b>Company Name</b>
<b>Address</b>
<b>Telephone Number</b>
<b>Fax Number</b>
<b>Contact Name</b>

<b>Signed on behalf of Company</b>		
<b>Name</b>	<b>Position</b>	<b>Date</b>

**OUR TRADING TERMS ARE STRICTLY 30 DAYS NETT MONTHLY UNLESS ALTERNATIVE TERMS ARE REQUESTED.**