



Credit Application Form

Please fill out the whole form using **BLOCK CAPITALS** and send to: creditcontrol.waderd@hammerdistribution.com or Hammer Distribution, Vision 27, 1 Stewart Road, Basingstoke. RG24 8NF. United Kingdom.

Company Name Details

Company Name:
Contact Name:
Accounts Contact:
Accounts Contact Email:

Company Address

Street Address:
Town:
Postcode:
County:
Country:
Telephone:
Fax:
Registered Office:
(if different from above)

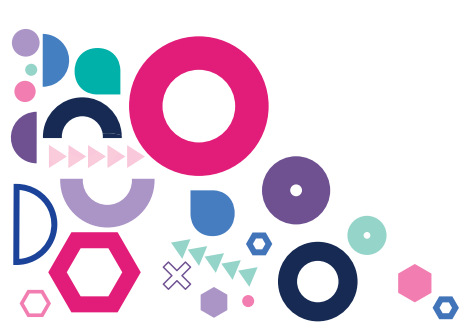
Directors / Partners / Sole Proprietors Details

Name:
Address:

Postcode:

Name:
Address:

Postcode:





Trade References

Name:

Address:

Postcode:

Telephone:

Name:

Address:

Postcode:

Telephone:

Limited Company Details

Date Business

Started:

Name of Bank:

Account No.:

Address:

Reg. No.:

Nominal Capital:

Maximum Credit

Required:

Currency:

GBP

EUR

USD

SEK

Registered

VAT No.:

Agreement

I have read and accept your standard terms of trading, a copy of which is available on request.

Signed:

Printed Name:

Date:

Position Held:

