hammer

Credit Application Form

Please fill out the whole form using **BLOCK CAPITALS** and send to: creditcontrol.waderd@hammerdistribution.com or Hammer Distribution NL, Wegalaan 44, 3rd Floor, 2132 JC Hoofddorp, Netherlands.

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:

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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:

Registered VAT No.:

Currency: GBP EUR USD SEK

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:

Terms and conditions