


ORSEAL Ltd Credit Application Form

1. Full trading name of applicant & trading address: Name: _____ Tel: _____ Address: _____ E-Mail: _____ Post Code: _____ Website: _____	 the valve specialists
2. Company Registration No: 3. Company VAT No:	

3. Delivery Address (If different):	4. Invoice Address (If different):
5. Date Company Incorporated:	

2.0 Contact Details

2.2 Purchasing Name: _____ Tel: _____ Email: _____	2.3 Accounts Name: _____ Tel: _____ Email: _____
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4.0 References: Name & address of two principal suppliers.

Company Name: _____ Address: _____ Tel: _____ Email: _____	Company Name: _____ Address: _____ Tel: _____ Email: _____
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4.0 Credit Requirement:

Bank Name: _____ Address: _____	Bank Account No: _____ Sort Code: _____ Credit Limit Required: _____
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DECLARATION BY CREDIT APPLICANT

We hereby request you to open a **30-day** credit account.

Director's Declaration: I, being an authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated **30-day** credit terms.

I appreciate that adherence to this obligation is the essence of the contract between us.

Signed: _____ Date: _____

Name (Please Print): _____

5.0 Orseal Details: For your reference

Orseal Ltd. Lynstock Way Lostock, Bolton Lancashire BL6 4QR Company Reg: 707869	Orseal Accounts Contact: Name: Amy Walker Tel: 01204 474333 Email: amy@orseal.com
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Bank Name: NATIONAL WESTMINSTER BANK PLC

Address:

24 DEANSGATE

BOLTON

BL1 1BN

Account No: 31556280

Sort Code: 01-30-99

If you have a vendor application form which requires completion, please send this to sales@orseal.com