



Credit Application Form

DAS
Technology made Simple



Credit Application Form

In order to provide you with the best service available, please ensure you provide all the requested information in BLOCK CAPITALS.

TRADING NAME

ARE YOU A *(please tick)*

SOLE TRADER

LIMITED COMPANY

If a Limited Company please complete the boxes below:

If a Sole Trader please complete the boxes below:

COMPANY NAME

NAME

COMPANY REGISTRATION NO.

ADDRESS

COMPANY ADDRESS

POSTCODE

POSTCODE

Please complete the boxes below for both Limited Company and Sole Trader

LANDLINE TEL NO.

MOBILE TEL NO.

FAX NUMBER

EMAIL ADDRESS

FULL CONTACT NAME

COMPANY VAT REGISTRATION NO.
(If applicable)

CREDIT LIMIT REQUIRED

I have read and understood the Terms and Conditions available either online at www.dastechnology.co.uk/shop/termsconditions.php or at the rear of our Trade Catalogue

BANK DETAILS FOR CUSTOMER:

Name of Bank:

Sort Code:

Account Number:

Address:

Signature:

DELIVERY ADDRESS:

Tick box if same as registered address

If different address, please complete the box below:

Date:

OFFICE USE:

Z Reference

E Reference

Approved Limit