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CUSTOMER APPLICATION FOR CREDIT FACILITIES

TRADING NAME
(In full)

TRADING ADDRESS
& POSTCODE

ACCOUNTS EMAIL

TEL:

REGISTERED OFFICE
ADDRESS &
POSTCODE

TYPE OF COMPANY
(LTD/PLC/PARTNERSHIP
PROPRIETORSHIP)

TYPE OF BUSINESS

COMPANY REG. No.

No. YEARS TRADING

CREDIT LIMIT REQ'D

 £

NAME & PRIVATE
ADDRESS OF
PRINCIPAL
DIRECTOR,
PARTNER OR
PROPRIETOR IF NOT
A LIMITED
COMPANY IS
REQUIRED

Trade reference 1:

Name:	Tel:
Address:	

Trade reference 2:

Name:	Tel:
Address:	

Trade reference 3:

Name:	Tel:
Address:	

AUTHORISED SIGNATURE

PLEASE PRINT NAME

POSITION IN COMPANY

DATED

By signing this credit application you agree to our standard terms and conditions of sale available on the Extera web site (www.extera.co.uk). You also agree to Extera Limited standard credit terms which are net payment required within 30 days of our invoice date. Please note that this application for credit facilities does not mean such facilities will automatically be granted. All credit accounts are subject to a status enquiry check, and checking references provided on this form.

The above details are correct to the best of my knowledge and belief and I agree to the provision for using a credit account as outlined above.