

## Credit Account Application Form

Applying for a DMD 2000 Ltd Credit Account is quick and easy to do. Please complete and return the following form to [sales@dmd-2000.co.uk](mailto:sales@dmd-2000.co.uk) or **DMD 2000 Ltd, Units B-D, Woodside Road, Bridge of Don, Aberdeen, United Kingdom.**

All information provided will be treated with the strictest confidence.

### Company Details

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Registered Name  
(if different) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Type of Business  
(e.g. Ltd, Sole Trader) \_\_\_\_\_

Registration No. \_\_\_\_\_ No. of years trading \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

### Purchasing Contact

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Name \_\_\_\_\_

Position / Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Address  
(if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Accounts and Invoicing Details

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Invoice Address  
(if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoicing Preference      E-Mail       Fax       Post

Statement Preference      E-Mail       Fax       Post

## Trade References

	Reference 1	Reference 2
Name	_____	_____
Address	_____ _____ _____	_____ _____ _____
Telephone	_____	_____
Fax	_____	_____

## Credit Required

Anticipated Monthly Credit Required      £ \_\_\_\_\_

## Completed By

Payment terms are strictly 30 days from date of invoice, any payments made out with these terms will be subject to a 3% surcharge. Title of ownership of goods does not pass until goods are paid in full.

**I hereby agree to the above conditions of supply.**

Name [Print]      \_\_\_\_\_      Signature      \_\_\_\_\_

Position / Title      \_\_\_\_\_      Date      \_\_\_\_\_