Credit Account Request Form For Crowd Control Solutions Ltd

Crowd Control Solution Ltd would like to include your business on its customer database. Please complete the following form and return it to your Crowd Control Solutions Ltd contact. Orders cannot be processed prior to receiving these documents. Completion of this form states that you agree to pay to our standard 30 day net payment terms unless otherwise agreed.

		aį	greed.			
1. Customer Name a	nd Address					
Full Company Name	:					
Address:	Street:					
	City:			Postal Code:		
	Country:					
2. Company Details	}					
Company Registration No	p:					
VAT Number:						
3. Financial Details	if Requeste	d:				
Annual Turnover: 2016: 2015:		I		imit Requested:	t Requested:	
Net Profit/Loss: 2016:	2015:	2014:	Credit Limit Agreed:			
Additional Notes to Acco	ial Figures::	Credit Rating:				
4 Combada			1			
4. Contacts General Manager: Sale		es Manager:	Finance	Contact:	Buyer Contact:	
		me:	Name:	Contact.	Name:	
		······································	Tel:		Tel:	
		nail:	E-mail:		E-mail:	
5. Confirmation	L		L		l	
					is form are correct and that you agree	
to adhere to our stand	dard 30 day r	net payment terms unles	s otherwise	agreed.		
Customer Stamp:		Name:				
		Position:				
		Date:				
		Signature:				
Internal Information (to b	e filled out by	Crowd Control Solutions Ltd	")			
Department:				Annual Sale	25:	
Contact At Crowd Contro Ltd:	ol Solutions	Main Company Code:		Other Comp	oany Codes:	