



CREDIT ACCOUNT APPLICATION

FORM

Customer Name	(Registered Title)				
Trading Style	(if different)				
Registration No		VAT Reg. No		Date Incorporated	
Address (street no/name, town, post code)					
Tele No	Fax		e-mail		
Main Business Activity					
Estimated Turnover P/A	£	Would you like to know about other PSL products?		Yes/No	
Trade References (1)					
Name			Address:		
Telephone No					
Fax					
Trade References (2)					
Name			Address:		
Telephone No					
Fax					
Trade References (3)					
Name			Address:		
Telephone No					
Fax					
Credit Account Details					
Address for Invoices:			Address for Statement (if different):		
Credit Limit Required	£	Contact Names re Payment			

We hereby confirm that all transactions between our two selves will be carried out in accordance with Panel Systems Ltd Sales Terms & Conditions, the details of which are contained on the reverse of all Panel Systems Ltd sales order processing paperwork. Please complete ALL details, including authorisation section on page 2 for your bank to supply a reference. All information supplied will be treated in the strictest of confidence.

Signature		Date	
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Approved		Date		Value £	
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CREDIT ACCOUNT APPLICATION FORM

Bank Reference			
Name			
Sort Code		Account Number	
Address (street no/name, town, post code):			

I hereby give authorisation for a bank reference to be supplied to Panel Systems on request for:

Company Name	(insert name of account)
Signature	(authorised signatory)
Position	
Date	

Please return the completed forms to: (We accept faxes for our express credit service)

Panel Systems Ltd
 Units 3-9 Welland Close
 Parkwood Industrial Estate
 Rutland Road
 SHEFFIELD
 S3 9QY

Tele: 0114-275-2881
 Fax: 0114-278-6840
 e-mail credit@panelsystems.co.uk

Approved		Date		Value £	
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