

APPLICATION TO OPEN CREDIT ACCOUNT



COMPANY NAME:

Name		Date	
Address where invoices/statements are to be sent			
Telephone		Fax	
Email			
Website			
Nature of business			
Where did you hear about LML Products			

ORDERS:

Name of person responsible for placing orders			
Position in company			
Telephone			
Email			
Proposed monthly credit		Year business established	

REFERENCES:

Trade references (1)			
Telephone			Fax
Address			
Trade references (2)			
Telephone			Fax
Address			
Name of person responsible for payments			
Telephone			
Email			
Company Registration No		VAT No	

Tick this box if you **do not** wish to receive any marketing/ new product information

SETTLEMENT TERMS: Payment due end of month following month of invoice



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