APPLICATION TO OPEN CREDIT ACCOUNT



COMPANY NAME:			LML Products Ltd
Name		Date	
Address where invoice	es/statements are to be sent		
	i.		
Telephone		Fax	
Email			
Website			
Nature of business			
Where did you hear al	oout LML Products		
ORDERS:			
Name of person respo	nsible for placing orders		
Position in company			
Telephone			
Email			
Proposed monthly cre	dit	Year business estab	lished
REFERENCES:			
Trade references (1)			
Telephone		Fax	
Address			
T ((0)			
Trade references (2)		Eav	
Telephone Address		Fax	
, add ood			
Name of person respo	onsible for payments		
Telephone	<u>:</u>		
Email			
Company Registration	No	VAT No	



Tel: 01249 810000 | Fax: 01249 812182

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