QMS Support Document Credit Account Request Form



Doc No: FM016 Rev 2. May 2019

Company Nam	ne:					
Registered Off	ice Address:					
Company Regi	stration No:					
VAT Number:						
Amount of Cre	edit Required (£):					
Payment Method:		BACS:	Direct Debit:		Cheque:	
(Please tick one o	nly)					
Accounts Cont	act Name:					
Accounts Tele	phone:					
Accounts Emai	il Address:					
Invoicing Emai	l Address:					
Company Bank	k Name:					
Company Bank Account:		No:		Sort Code:		
of sale found <u>he</u> 1. All good 2. Paymer (Accour	ere, including the fo ds and services are nt of invoices will bo nts where payment	ollowing: supplied accord e made no lated s are not made	our Company you ding to our standard than 30 days from on time will autom 8% plus the Bank o	d terms and cond the month end f atically be placed	itions of sale. ollowing date o d on stop).	f invoice
Signed:			Name:			
Position:			Date:			
		Terms and Con	ditions of Purchase	(if available) to <u>a</u>	occounts@opuso	ds.com
For internal use Received By:	Offig:		Authorised By	<i>y</i> :		
Date:			Credit Limit:			