

Request For Credit Trading Facilities/ Account Review Form



APPLICANT/ACCOUNT HOLDER DETAILS:

Company Name:

Trading Name (if applicable):

Address:

Postcode:

Country:

Telephone:

Email Address:

VAT Registration:

Company Registration:

Structure of Business (partnership, PLC etc):

Economic Operator Registration and Identification Number (EORI):

INVOICE ADDRESS (if different to address above):

Address:

Postcode:

Country:

E-Mail Address (order confirmation):

DELIVERY ADDRESS (if different to address above):

Address:

Postcode:

Country:

FINANCE DEPARTMENT CONTACT:

Name:

Telephone:

Designation:

E-Mail Address*:

*Email address for invoices & statements

Polyco Healthline Limited
South Fen Road, Bourne, Lincolnshire, PE10 0DN
Telephone: 03333 208550
Registration Number: 02000388
VAT Number: GB245292209
accounts@polycohealthline.com
www.polycohealthline.com

Polyco Healthline BV
DR. Willem Dreesveg 2, 1185VB Amstelveen,
Netherlands
Telephone: + 44 (0) 33 3320 8550
Registration Number: 863892395
VAT Number: NL863892395
EORI Number: NL863892395B01
accounts@polycohealthlinebv.com
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Polyco Healthline Europe Ltd
Unit B7 Rowan Tree Road, Naas Enterprise Park
Naas, County Kildare, Republic of Ireland
Telephone: + 353 1697 1128
Registration Number: 727711
VAT Number: IE4089335UH
EORI Number: IE4089335UH
accounts@polycohealthlineeurope.com
www.polycohealthline.com

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Credit Limit Requested:

Currency:

Payment terms are strictly net 30 days from statement unless otherwise agreed in writing.

Shipment order: Do you require back orders: Yes No

DIRECTORS/PARTNERS/PROPRIETOR: Please submit the details of all active directors/partners. Where the applicant is a sole proprietor / partnership, please provide a residential address.

Name Designation E-mail Address

Address:

Name Designation E-mail Address

Address:

Name Designation E-mail Address

Address:

I / We, the undersigned, hereby confirm that I am / we are authorised, to enter into this agreement on behalf of the Applicant / Account Holder. I / We further confirm that I /we have read and accept the terms and conditions of sale and authorise the "Supplier" to perform the necessary credit searches through an authorised credit bureau for the purposes of establishing and managing our credit facilities.

Signature:

Signature:

Signature:

Please sign by hand as we are unable to accept digital signatures

Date:

Date:

Date:

Full Name of Signatory:

Full Name of Signatory:

Full Name of Signatory:

Position

Position

Position

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