

PLEASE COMPLETE AND RETURN WITH A COPY OF YOUR COMPANY LETTERHEAD
via email to: creditcontrol@ischebeck-titan.co.uk

Ischebeck Titan Limited
Ischebeck House
Wellington Road
Burton upon Trent
Staffs
DE14 2AP



APPLICATION FOR A CREDIT ACCOUNT

Full Company Name: _____

Please tick to Indicate: Sole Trader Partnership Ltd Company PLC

Directors' Name(s): _____

Incorporation Date: _____

Business Registration Number: _____ **Vat No** _____

Invoicing address: _____

_____ **Post Code** _____

Telephone Number(s): _____ **Mobile** _____

Accounts Contact: _____ **Email** _____

Registered Office (if different from above): _____

_____ **Post Code** _____

Credit amount applied for: _____

We have read your Terms & Conditions of Sale & Hire and signify our acceptance of your Terms
(NB acceptance is required by a Director with authority to accept these Terms)

Signed: _____ **Print Name** _____

Position with Company: _____ **Date** _____

OUR TERMS ARE 30 DAYS EOM
ISCHEBECK TITAN LIMITED STANDARD T & C'S APPLY (www.ischebeck-titan.co.uk)

To be completed by IT UK Ltd Credit Manager

Amount approved _____ **Date** _____ **Approved By** _____

Credit Insurance _____

DL _____

Own Risk _____