

QAD Networks Ltd Credit Account Application Form

Please complete the form, sign and fax to 01787 469200 or scan and email to sales@qad.uk.com with a copy of your business stationary

| | | |
|---|---|--|
| Name of Limited Company and/or Trading Titles _____ | | |
| Address _____ _____ | | |
| Registered No: _____ | Number of years trading: _____ | |
| Name of Directors _____ _____ | | |
| Trading Type | Sole Trader, Partnership, Limited Company, PLC, Other _____ | |
| Level of Credit per Month Requested £ _____ | | |
| Trade references: | | |
| 1: _____ | | |
| Tel No: _____ Fax No: _____ | | |
| 2: _____ | | |
| Tel No: _____ Fax No: _____ | | |
| 2: _____ | | |
| Tel No: _____ Fax No: _____ | | |
| Contact Details | | |
| Accounts: Name _____ Email _____ Phone _____ | | |
| Invoices and Statements will be sent to this email address | | |
| Purchasing: Name _____ Email _____ Phone _____ | | |
| Delivery Consignment Note details will be sent to this email address | | |
| Title of all goods shall remain with QAD Networks Ltd until payment has been received in full. Payment is due no later than 30 th day of the month following the invoice date | | |
| Signed: _____ Printed Name: _____ | | |
| Position: _____ Date _____ | | |
| Please note that this form should be signed by a person authorised to do so (AF30) | | |