



**ETL**  
EVENT LOGISTICS

## CREDIT APPLICATION FORM

COMPANY DETAILS			
Company Name:			
Full address:			
Post Code:			
Telephone No:		Fax No:	
Accounts Contact:		Telephone-Accts:	
Accounts email:			
VAT No:			
Company Registration No:			
Registered Office address if different than above:			

BANK DETAILS			
Bank Name:			
Bank Address:			
Sort Code:		Account No:	

TRADE REFERENCES (PLEASE PROVIDE 3)			
1.	Address:		
	Post Code:		
	Telephone No:		Fax No:
2.	Address:		
	Post Code:		
	Telephone No:		Fax No:
3.	Address:		
	Post Code:		
	Telephone No:		Fax No:

**We agree and acknowledge your terms and conditions and agree to payment terms of strictly 30 days from date of invoice.**

Signed:

Date:

Position: