

TRATOS

Credit Application Form

Please complete the form and either fax it back on 01246 858001 or e-mail to accounts@tratos.co.uk

Company Details			
Company Name:		Company reg. no.	
Address 1:		Tel:	
Address 2:		Fax:	
County		e-mail:	
Country		website	
Post code:		Contact name:	

Accounts Department Details			
Contact name:		Tel:	
e-mail:		Fax:	

Amount of monthly credit required:	
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Company Business			
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Distributor	<input type="checkbox"/> Assembly House	
<input type="checkbox"/> Contractor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other (Specify):	

TRADE REFERENCES	
Company Name	
Company Address	
Contact:	
Tel:	
Fax:	

TRADE REFERENCES	
Company Name	
Company Address	
Contact:	
Tel:	
Fax:	



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