

Terms: 30 Days from date of invoice

PRIMARY CONTACT INFORMATION			
NAME:		TITLE:	
EMAIL:		TEL NO:	

COMPANY INFORMATION				
REGISTERED NAME:				
TRADING NAME:				
ADDRESS:				
CITY / TOWN:				
COUNTY / REGION:				
POST / AREA CODE:		COUNTRY:		
REGISTRATION NUMBER:				
TYPE OF BUSINESS (LTD etc):				
VAT / TAX No:				
LENGTH AT CURRENT ADDRESS:				
NUMBER OF STAFF:				
LAST YEAR TURNOVER:				

FINANCE CONTACT INFORMATION			
NAME:		TITLE:	
EMAIL:		TEL NO:	

NAME:			
ADDRESS:			
CITY / TOWN:			
COUNTY / REGION:			
POST / AREA CODE:		COUNTRY:	
TEL NO:			
TYPE OF ACCOUNT:			
ACCOUNT No:			
SORT CODE:			
BIC / SWIFT No:			
IBAN No:			

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BUSINESS REFERENCES

Please provide details of 2 other companies with whom your business has current established credit terms.

1] COMPANY NAME:	CONTACT:	
PHONE:	EMAIL:	
CREDIT TERMS:	CREDIT LIMIT:	

2] COMPANY NAME:	CONTACT:	
PHONE:	EMAIL:	
CREDIT TERMS:	CREDIT LIMIT:	

CREDIT AC	CREDIT AGREEMENT			
By signing this application I am agreeing to the following:				
1)	Communication between OFFTEK LTD and the Bank / References provided			
2)	Invoices are to be paid within 30 days from the date of the invoice*			
3)	3) Orders placed with OFFTEK LTD are subject to their Terms and Conditions.			
	*Alternate payment terms may be offered but must be confirmed in writing by OFFTEK LTD			
Terms and Conditions are available at https://www.offtek.co.uk/about/terms-and-conditions				

COMPANY REPRESENTATIVE			
NAME:		TITLE:	
SIGNATURE:		DATE:	

Once you have completed this application form can you please return it to Offtek by one of the following methods:

By email (preferred) to: businessenquiry@offtek.co.uk By fax to: 0044 (0) 1564 743 087 By post to: Offtek Ltd Claremont House Broad Lane Tanworth-in-Arden West Midlands B94 5DY UK

Upon receipt of your application it will be processed by our finance department and one of our Client Account Managers will be in touch.