

APPLICATION FOR CREDIT FACILITIES

From To Fax/Email

**Please fax back completed form to 02890 848828
or post to 607 Antrim Road, Newtownabbey, BT36 4RF**

COMPANY NAME

CONTACT NAME

ADDRESS

POSTAL TOWN POSTCODE

PHONE NUMBER (INCL STD) FAX NUMBER (INCL STD)

IF A LIMITED COMPANY, REGISTERED ADDRESS:

NAME AND ADDRESS OF BANK

BANK PHONE NUMBER

BANK ACCOUNT NO. SORT CODE

FIRST TRADE REFERENCE:

TELEPHONE NO: FAX NO:

SECOND TRADE REFERENCE:

TELEPHONE NO: FAX NO:

VAT REGISTRATION NO.

I/WE AGREE THAT I/WE WILL ABIDE BY SLEATOR PLANT STANDARD TERMS AND CONDITIONS OF TRADE AND THAT I/WE WILL PAY ALL INVOICES WITHIN 30 DAYS OF DATE OF INVOICE.

AUTHORISED SIGNATURE DATE