

APPLICATION FOR CREDIT FACILITIES

Your Protec Contact	
Full Trading Name	
Trading Address	
Account Contact	
Telephone Number	
Fax Number	
Email Address	
Registered Office (if different from above)	
Company Registration No.	
VAT Number	
Trade Reference 1	
Trade Reference 2	
Bankers	
Address	
Sort Code	
Account Number	
Amount of Credit Required	
Signature & Date - Of Client (Once signed means acceptance of trading terms of Protec Healthcare Products Ltd)	

Protec to Complete Box Below

Director/Manager Authorised: (Sign & Date)	
Credit Amount Authorised:	

**PLEASE NOTE - OUR TERMS FOR AGREED CREDIT STRICTLY 30 DAYS FROM DATE OF INVOICE.**

**ACCEPTANCE OF TRADING CONDITIONS: Signing this form means you are in acceptance of the terms of Protec Healthcare Products Ltd.**