

# Application For Credit Facility



Beta Distribution PLC  
 Unit 2  
 Quebec Wharf  
 London  
 E14 7AF  
 Tel: 020 7531 2838  
 Fax: 020 7531 2929  
 www.betadistribution.com

Please complete the following and return to Credit Control

Company Name
Trading Name (if different)
Registered Number
Nature of Business
Years Trading
Telephone
Fax
Credit Limit Required

A/C Number
------------

**Address**

Registered Office	Trading Address	Invoice Address

Beta Invoices are sent via email or fax. Please indicate in the appropriate box which method you prefer

<input type="checkbox"/>	Fax	<i>Please specify Fax Number</i>
--------------------------	-----	----------------------------------

<input type="checkbox"/>	Email	<i>Please specify Email Address</i>
--------------------------	-------	-------------------------------------

So we can send future information to the correct contact, please specify the email address suited to each subject:

<b>Price List</b> <small>(Each month we'll send you an electronic price list on all products Beta stock)</small>
--

<b>Dispatch Notes</b> <small>(Electronic notes to inform you that your order has been dispatched)</small>
---

<b>Marketing</b> <small>(Keep you up to date with all marketing activity from news, promotions and new products)</small>
--

Directors or Proprietors (must be completed by Sole Traders & Partnerships)

Name(s)		
Address		

I confirm that the information given is correct and agree to terms and conditions as attached

Signed.....

Position.....

Print Name.....

Date.....