



BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Ltd <input type="checkbox"/> Other (please state)	
Phone			
E-mail			
Registered company address		Website:	

BUSINESS AND CREDIT INFORMATION

Contact Person		Bank name:	
Trading Address		Bank Address	
Phone		Phone	
Fax		Account Number	
E-mail		Monthly Credit Required	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
County		E-mail	
Post Code		Contact Person	
Company name		Phone	
Address		Fax	
County		E-mail	
Post Code		Contact Person	
Company name		Phone	
Address		Fax	
County		E-mail	
Post Code		Contact Person	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize GTN SEWING LTD to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please print, fill in and return by E-mail: sales@organ-needles.co.uk | By Fax: 020 586 6507 |

By Post: 384 Katherine Road London E7 8NW