



Application for Credit Facilities

Please print details carefully and complete this form in full

Please describe the principle nature of your business (tick box)

Retailer

Wholesaler

Practitioner

Other

TITLE: _____

Company Registered No: _____

Business Address: _____

Place & Date of Incorporation: _____

Postcode: _____ Tel: _____

Bankers Address: _____

Home Address: _____

Account No: _____

Legal Form: _____

Sort Code: _____

(e.g: Private Limited Company, Partnership etc.)

I authorise AOR (Europe) Limited to obtain a reference from my bankers

Please supply two trade references to enable us to process your application

1. _____

2. _____

Postcode: _____

Postcode: _____

Tel: _____

Tel: _____

Please state the names of authorised persons to sign on your behalf:

Name (in Block Capitals): _____

Position/Authority: _____

We agree to the terms for Credit Facilities offered by the company. Invoices are payable no later than thirty days after the date of invoice issue. We believe the information given above to be full and accurate.

Signed: _____

Date: _____