



MALTA EXPRESS

CREDIT APPLICATION FORM

THE WHOLESALE SPECIALIST TO MALTA & LIBYA

FULL TRADING NAME :
TRADING ADDRESS :
POSTCODE :
OPERATIONS CONTACT :
Mr/Mrs/Miss/Ms (please circle)
EMAIL :
TELEPHONE NO : FAX NO :
COMPANY STATUS : LIMITED COMPANY PARTNERSHIP SOLE TRADER
REG NO : VAT NO :
IF PARTNERSHIP, GIVE FULL NAMES AND PRIVATE ADDRESS OF ALL PARTIES
ACCOUNTING / INVOICE ADDRESS (if different from above)
ACCOUNTS CONTACT :
TELEPHONE NO :

Credit facilities are granted at the discretion of the directors.
Accounts are payable 30 days from the date of invoice.

BANK NAME : SORT CODE :
ACCOUNT NAME : ACCOUNT NO :
AMOUNT OF MONTHLY CREDIT REQUIRED £

TWO TRADE REFERENCES

1. 2.
TELEPHONE NO : TELEPHONE NO :
FAX NO : FAX NO :

I agree to abide by the company's terms and conditions of trading (A copy of which is available on request).

SIGNED : PRINT NAME :
POSITION HELD : DATE :

**PLEASE PRINT & COMPLETE THIS FORM AND RETURN TO MALTA EXPRESS,
ACCOMPANIED BY A SAMPLE OF YOUR COMPANY HEADED PAPER.**

MALTA EXPRESS LTD
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Slough, SL3 0AE

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