



H A S S E L B L A D

Application for Monthly Credit Account

Please complete and fax or post back to us

| | |
|---|--|
| Trading Name | Limited Company / Sole Trader / Partnership <i>(Delete as applicable)</i> |
| Contact Name | Telephone |
| Business Address | Mobile |
| | Fax |
| | E-mail |
| Registered Company No. | Delivery Address <i>(if different)</i> |
| No. of Years Trading | |
| Home Address <i>(Sole Traders Only)</i> | |
| Owner / Tenant How long at this Address? <i>(Delete as applicable)</i> | Directors Names |
| Credit Limit Required | Name and Address of two Trade References 1. <p style="text-align: right;">Tel No.</p> <hr/> 2. <p style="text-align: right;">Tel No.</p> |
| Name and Address of your Bankers | |
| Bank Account Name | |
| Bank Account Number | |
| I confirm I have read and accept the Terms and Conditions of Sale, Service and Hire that apply to all transactions, copies of which have been made available to me. | |
| Signed | Name |
| Position in Company <i>(If applicable)</i> | Date |

A Division of Hasselblad (UK) Limited