

CREDIT APPLICATION FORM

Registered Name			Registered No	
Trading Name			Phone	
Billing Address			Fax	
		F	Accounts Contact	
			Accounts e-Mail	
			VAT Number	
			VAT Status	
Shipping Address		S	Shipping Contact	
			Shipping e-Mail	
Type of Business		I	Date Established	
•			Please forward copy o	f VAT Free Authorisation if app
Ownership	nternational Irish	Corporate	Individual	
•		BANK REFEREN	CE.	
Bank		DAINN REFEREN	Phone	
Branch Address			IBAN	
A			C . C. /DIC	
Account Name			Swift/BIC	
TRADE REFERENCE				
Company			Phone	
Address			e-Mail	
			Contact Name	
			Position	
Post Code		1	Type of Business	
TRADE REFERENCE				
Company			Phone	
Address			e-Mail	
11002022			Contact Name	
			Position	
Post Code		1	Type of Business	
	dand trading tarms and			II alaysas and will now
	dard trading terms and c services supplied. We c			paid with agreed credit
terms. Title to all services supplied by Allmed Agencies will remain with Allmed Agencies until all				
monies owed by us are paid in full Remarks?				
	it (incl VAT)		Cuman	
quested Credit Limit (incl VAT)			Currency	
Authorised Signature			Position	
Print Name			Date	

N.B. Your credit facility will expire after 6 months should there be a lapse in trade.

Return to: RM501-505,BLD A3,Fuhai Technolony Park

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