



## CREDIT APPLICATION FORM

Account Manager Name.....

Application Date.....

Details Required

Please Fill Here

Company Name	
Trading Name	
Building Number	
Street	
Area	
Post Town	
Post Code	
Country	
Telephone Number	
Fax Number	
Web Address	
Company Reg Number	
Company VAT Number	
Invoice Address	
Bank Address	
Accounts Contact	
Accounts Email	
Trade Reference (1)	
Trade Reference (2)	

Signature of Person authorised to open this credit account.....

Print Name.....

Date.....

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