

FITWELL – NEW CUSTOMER ACCOUNT APPLICATION FORM

FROM : _____ LOCATION : _____

COMPANY NAME : _____

INVOICING ADD. : _____

POSTAL CODE : _____ COUNTRY : _____

COMPANY NUMBER : _____ VAT NO. : _____

TELEPHONE NO. : _____ FAX NO. : _____

BANKERS : _____

BANKERS ADDRESS: _____

ACCOUNT NAME : _____

ACCOUNT NO. : _____ BANK CODE : _____

SALESMAN : _____ DATE : _____

CREDIT LIMIT REQ : _____ SELLING TERMS: _____

ANY OTHER INFORMATION/COMMENTS: _____

Trade References

(1) Name: _____

Credit amount given: _____

Terms of Payment: _____

(2) Name: _____

Credit amount given: _____

Terms of Payment: _____

FOR CREDIT CONTROL USE:

METHOD OF CREDIT APPRAISAL: _____

RATING : _____

GCC CUSTOMER NO : _____ **CREDIT LIMIT** : _____

APPROVED BY : _____ **TERMS** : _____

DATE : _____

REMARKS : _____
