



## Plan B IT Solutions Ltd Credit application form

Contact name: \_\_\_\_\_

Appointment: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit limit: \_\_\_\_\_

Financial Director/Equivalent: \_\_\_\_\_

Email \_\_\_\_\_

Are your Company's last audited financial accounts available if requested?

Yes/No (delete as applicable)

Company Name: \_\_\_\_\_

Company's registered address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company's billing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Registration No: \_\_\_\_\_

VAT Registration No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete in full and return to Plan B together with the completed Terms & Conditions which you can find on our website.