



TO: _____
 FOR THE ATTENTION OF: _____
 FAX NO: _____
 DATE : _____

We wish to apply for credit terms for the supply of goods in accordance with your terms and conditions of sale. We return our application duly completed together with copy of our letter headed stationery to:

Alpha Controls Ltd, The Regus Building, 268 Bath Road, Slough. SL1 4DX
Tel No: 01753 655000 Fax No: 01753 655634 E-Mail accounts@alphacontrols.co.uk

SIGNATURE: NAME:
 POSITION:
 FULL TRADING NAMES:
 ADDRESS:

 POSTCODE: TEL NO:
 FAX NO: E-MAIL:
 NATURE OF BUSINESS:
 REGISTERED NO: DATE OF INCORPORATION:
 ANNUAL TURNOVER (last published accounts):
 NO OF EMPLOYEES: MONTHLY CREDIT LIMIT REQ'D:
CONTACT NAMES: QUALITY ASSURANCE MANAGER:
 TECHNICAL:
 BUYER:
 NAME OF BANKERS:
 ADDRESS:
 POSTCODE: ACCOUNT NO:
TRADE REFERENCES:
 NAME: NAME:
 ADDRESS: ADDRESS:
 POSTCODE: POSTCODE:

FOR OFFICE USE ONLY

SENT: _____	RECEIVED: _____
BANK: _____	SALESMAN: _____
TRADE REF: _____	ACCOUNT NO: _____
TRADE REF: _____	CREDIT LIMIT: _____