Application to open a credit account All relevant sections must be completed and returned with a company letterhead where applicable

I/We understand this application is to open a credit account with Aldenham Aviation LLP. I/We understand your credit terms, and that payment is due promptly at the end of the month following the month of invoice and that if granted credit I/we agree to pay in accordance with these terms.

1. Name and business address		7. How much credit req	quired? £		per month
		Please give names a with goods on credit	nd address t who may b	es of 2 compan	ies supplying you
		1.			
Post Code: Tel:	Fax:				
2. Company Registration	on number (if applicable)	Tel:		Fax:	
		2.		-t	
Registered Address (if di	fferent from above)				
Post Code:				Fax:	
Tel:	Fax:	Tel:			
Name and address of Directors or partners (if applicable)		9. Name and address of your bankers			
Doot Codo:					
Post Code:				10.10.1	
Tel:		Account No:		Sort Code:	
		Please sign here Director/Partner/Individual			
		Please print name:			
Post Code:		Please state position in company if applicablewould :			
Tel:		Date:			
4. Name of Accounts contact (as applicable)		OFFICE USE ONLY			
Tel:		Credit control use:			
Name of Buyer		Credit limit £:			
Tel:		Account opened:			
		Account number:			
5. How long company	established?	Signature:			
6. What is the nature o	f your business? (if applicable)	References	Req	uested	Received
		Bank reference			
	Trade Reference 1				
		Trade Reference 2			
		.ā			