

CREDIT APPLICATION FORM



Please complete this form and send it back to us by fax, together with a copy of your company's registration and the company balance for the previous year.

Date	Applicants correct registered trading name
Telephone	Applicants trade mark name
Fax, Facsimile	Contact person
VAT Registration Number	Important! Don't forget to include a copy of your company's registration together with the previous year company balance

Manager	Purchase Manager	Economy / Accountant Chief
E-mail	E-mail	E-mail

Visiting address	P.O.Box	Postal Code	City / Location
Delivery address	P.O.Box	Postal Code	City / Location
Billing address	P.O.Box	Postal Code	City / Location

Company Owner	Name	Personal ID number
Address	Subsidiary affiliation(s)	

Bank	Contact person
Telephone	Fax, facsimile
Bank account number	

Anticipated yearly purchase volume	Anticipated yearly turnover
Preferred shipping Receiver Collect: <input type="checkbox"/> Acc.no: _____ TNT: <input type="checkbox"/> Acc.no: _____ UPS: <input type="checkbox"/> Acc.no: _____ DHL: <input type="checkbox"/> Acc.no: _____	

Mortgages taken by the company

I hereby declare that the information provided is true and that I have thoroughly understood the terms of agreement.

Date and location	Signature	Clarification of signature
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The distribution agreement with FM will be valid when FM confirms that the applicant as a distributor or when an approved order is placed for delivery.

FOR EXCLUSIVE USE BY FM CC Distribution AB

KONTROLLERAT <input type="checkbox"/> Bank <input type="checkbox"/> Kronofogden <input type="checkbox"/> Bevakning <input type="checkbox"/> UC <input type="checkbox"/> Soliditet	Betalningsvillkor _____ Kreditgräns _____ Kundnummer _____	NOTERINGAR DATUM _____ SIGNATUR _____
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