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APPLICATION FOR CREDIT ACCOUNT FACILITY

Company Name:

Trading as How long in business

Type of Business.....

Are you the Owner/Proprietor or Leaseholder

Trading Address

Telephone No: Fax No: E-Mail

If you are a limited company: Registered Office

Company Registration No

If you are a sole trader/partnership: Names and home addresses

Trade Reference 1:

Telephone No: Fax No: Contact:

Trade Reference 2:

Telephone No: Fax No: Contact:

I request a monthly credit account with Browns Seafoods Ltd. I/We understand Browns Seafoods trading terms understand that the accounts must be paid within 30 days from the date of invoice.

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Authorised Signatory **Position**