



CREDIT APPLICATION DATA COLLECTION FORM

Limited Company/Business Name	Click here to enter text.
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Trading name (if applicable)	Click here to enter text.
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Company Registration No	Click here to enter text.
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VAT No	Click here to enter text.
EORI No	Click here to enter text.
XI No (if applicable)	Click here to enter text.

Trading/delivery address (including postcode)	Click here to enter text.
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Invoice address (if different from above)	Click here to enter text.
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Purchasing contact	Click here to enter text.	Position	Click here to enter text.
Tel No	Click here to enter text.		
Email	Click here to enter text.		

Accounts contact	Click here to enter text.	Position	Click here to enter text.
Tel No	Click here to enter text.		
Email	Click here to enter text.		

Credit limited requested	Choose a currency.	Click here to enter text.
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I/we agree to Aroplus (UK) Ltd Terms and Conditions (NB. Signature(s) are required)

Signed		Print name	Click here to enter text.
Date		Position	Click here to enter text.

Office use only

Amount Approved	Approved by	Date

Please note that the information contained in this form is used for internal purposes only and will not be shared.

