

**QUATTRO (UK) LTD**

Regency Street, Off Victoria Road, Park Royal , London, NW10 6NR  
Telephone: 020 8838 2720 Fax 020 8838 2741

**Application for Credit Account**

**Full Trading Name** \_\_\_\_\_  
(state whether or not Ltd. Co.) \_\_\_\_\_

**Full Address** \_\_\_\_\_  
(incl. post code) \_\_\_\_\_

**Telephone No** \_\_\_\_\_ **Fax No** \_\_\_\_\_

**Registered Office** \_\_\_\_\_  
(if Ltd. Co.) \_\_\_\_\_

**If Subsidiary Co. Please state name of Parent Co.** \_\_\_\_\_

**Company Registration Number** \_\_\_\_\_

**If not Ltd Co. Name/Address of Principal Partners:**

<b>Name</b> _____	<b>Name</b> _____	<b>Name</b> _____
<b>Address</b> _____	<b>Address</b> _____	<b>Address</b> _____
_____	_____	_____
_____	_____	_____

**Full Name/Address/Telephone No. Of Bankers** \_\_\_\_\_  
\_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Details of Three Trade References**

<b>Name</b> _____	<b>Name</b> _____	<b>Name</b> _____
<b>Address</b> _____	<b>Address</b> _____	<b>Address</b> _____
_____	_____	_____
<b>Tel No.</b> _____	<b>Tel No.</b> _____	<b>Tel No.</b> _____
<b>Fax No.</b> _____	<b>Fax No.</b> _____	<b>Fax No.</b> _____

**Estimated amount of credit per month required** \_\_\_\_\_  
**Which of our services do you require:** \_\_\_\_\_  
**Date account required opening by** \_\_\_\_\_

**If credit facilities are granted, I/We undertake to adhere to your conditions of trading and to settle my/our account within your trading terms.**

**Signature** \_\_\_\_\_ **Status** \_\_\_\_\_ **Date** \_\_\_\_\_