

**CHIPSOURCE Europe**

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## Credit Application Form

*Please fill in the information of all sections. Write in block capitals.*

### 1. Company Details

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

V.A.T. Registration No. \_\_\_\_\_

Chamber of Commerce No. \_\_\_\_\_

Year of Foundation \_\_\_\_\_

Buyer Contact Name \_\_\_\_\_

Buyer Telephone No. \_\_\_\_\_

Accounts Payable Contact Name \_\_\_\_\_

Accounts Payable Telephone No. \_\_\_\_\_

Name CEO \_\_\_\_\_

Please provide credit report of your company,

Dun and Bradstreet       Kisys       ..... (Tick as appropriate)



2. Supplier \_\_\_\_\_  
City and Country \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

3. Supplier \_\_\_\_\_  
City and Country \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

4. Supplier \_\_\_\_\_  
City and Country \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

## 6. Declaration

We hereby confirm our receipt and acceptance of your current General Sales Conditions and request a credit account to be opened in our name.

Credit Required € 

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Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_

Position \_\_\_\_\_

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*For ChipSource Europe to fill in*

B. \_\_\_\_\_

R.

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