## **CHIPSOURCE Europe**

□ Dun and Bradstreet

De Binderij 60-A Tel: (0031) 36 546 4441 1321 EK Almere Fax: (0031) 36 549 8649 The Netherlands www.chipsource-europe.com



## **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.

☐ ...... (Tick as appropriate)

☐ Kisys

Address			_
City			_
Country		Post Code:	_
3. Address for Invoices	5		
Address			_
City			_
Country		Post Code:	_
Invoice Email Address			_
4. Bank Details			
Name of Bank			_
City and Country			_
Years account held			
Account No.			
IBAN No.			
BIC No.			
5. Trade References			
1. Supplier			<del></del>
City and Country			
Contact Name			
Telephone No.			
Email Address			

2. Registered Office (if different from section 1)

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 recredit account to be open	eceipt and acceptance of your cuned in our name.	rrent General Sales	Conditions and request a
Credit Required	€		
Authorised Signature			Date
Full Name			
Position			
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For ChipSource Europe	to fill in		
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