



55 Poland Street
London, W1F 7NN

T: +44 (0)20 7287 9520
F: +44 (0)20 7287 9550

E: sales@ilabuk.co.uk
W: www.ilabuk.co.uk

CREDIT ACCOUNT APPLICATION FORM

Company Details

Company Name:

Registered Office:

Company Reg. No:

VAT Reg. No:

Credit Required.

Delivery Details

Delivery Address:

Buyer 1:

Phone No:

Fax No:

Contact e-mail:

Buyer 2:

Contact e-mail:

Invoicing Details

Invoicing Address:

Accounts Contact:

Phone No:

Fax No:

Contact e-mail:



Banking Details

Bank Name:

Branch Address:

Sort Code:

Account No:

Directors Details

Name (Director 1): *(Home address)*

Home Tel. No:

Name (Director 2):

Home Address:

Home Tel. No:

Trade References

Company Name:
(Reference 1)

Address:

Contact Name:

Contact Tel No:

Company Name:
(Reference 2)

Address:

Contact Name:

Contact Tel No:



Payment Term and Methods

Preferred Method of Payment (please tick)

Credit Card:

Cheque on Delivery:

30 Day Account:

30 Day B.A.C.S:

Authorised Signature

Print Name

.Position:

Signature

Date:

Please fax signed form back to i lab to 020 7287 9550