



AVIALEC INTERNATIONAL
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APPLICATION FOR CREDIT FACILITIES

To: _____ **Fax No:** _____
From: _____ **Date:** _____

Further to your request for credit facilities, may we request you complete the form below and return it to this office. Please note, the form must be signed by a Director or Company Secretary, in case of a limited company, or by a partner in the case of a partnership

1. Full name and address of Registered Office: <div style="text-align: right;"> Post Code: Telephone No: </div>		Office use only:
	Fax No:	
2. Invoice Address: <div style="text-align: right;"> Post Code: </div>		
3. Amount of Credit Required:		
4. Nature of Business:		
5. Reference 1 Name: Address: <div style="text-align: right;"> Telephone No: </div>		
	Fax No:	
Reference 1 Name: Address: <div style="text-align: right;"> Telephone No: </div>		
	Fax No:	
6. Bank Name: Address:		

I/We understand that should credit facilities be afforded to us, your terms of business require settlement 30 days from date of invoice.

Signature _____

Print Name _____

Please Note: Staff are not authorised to give credit until an account has been approved.