

**CUSTOMER INFORMATION & CREDIT APPLICATION FORM\***

(\*Credit terms will only be considered for orders above £500)

**COMPANY DETAILS**

Company Name

VAT No (De. MwSt / Fr. TVA / It. IVA / Esp. IVA)

Address

Country  Postal Code

Tel  Fax  Email

Website

**TYPE OF BUSINESS**

**INDUSTRY**

**APPLICATION**

<input type="checkbox"/> Chemical Manufacturer <input type="checkbox"/> Chemical Distributor <input type="checkbox"/> Equipment Manufacturer <input type="checkbox"/> Equipment Distributor <input type="checkbox"/> End User	<input type="checkbox"/> Agriculture & Animal Health <input type="checkbox"/> Building Service Contractors <input type="checkbox"/> Car Wash & Auto Detailing <input type="checkbox"/> Fertigation <input type="checkbox"/> Fire Fighting & Prevention <input type="checkbox"/> Food Processing <input type="checkbox"/> Health & Long term care <input type="checkbox"/> Horticulture <input type="checkbox"/> Hotels & Lodgings <input type="checkbox"/> Industrial <input type="checkbox"/> Printing <input type="checkbox"/> Restaurant & Food Service <input type="checkbox"/> Schools & Universities <input type="checkbox"/> Shipping <input type="checkbox"/> Supermarket & Food Retail <input type="checkbox"/> Transportation <input type="checkbox"/> Water Treatment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Animal Medicating <input type="checkbox"/> Bio-Decontamination <input type="checkbox"/> Cleaning Drains & Grease Traps <input type="checkbox"/> Commercial Dishwashing <input type="checkbox"/> Commercial Laundry <input type="checkbox"/> Cooling Tower and Boiler Treatment <input type="checkbox"/> Filling Auto Scrubbers <input type="checkbox"/> Filling Spray Bottles, Buckets, Sinks <input type="checkbox"/> Filling Large Tanks <input type="checkbox"/> Foaming/Sanitising <input type="checkbox"/> Manual Dishwashing <input type="checkbox"/> Metal Processing <input type="checkbox"/> Odor / Misting Control <input type="checkbox"/> On Premise Laundry <input type="checkbox"/> Pest Control <input type="checkbox"/> Printed Circuit Boards <input type="checkbox"/> Restroom Cleaning <input type="checkbox"/> Other: _____
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**CONTACT INFORMATION**

Owner  Who should we contact with

Managing Director  Order queries

Finance Director  Account queries

*We hereby agree that this information is correct*

Signed  Date

Print Name  Title

**CREDIT APPLICATION (for orders over £500)**

KREDITANTRAG - COMPTE CREDIT - CONTO DI CREDITO - CUENTA DE CREDITO

**SUPPLIER OR TRADE REFERENCES**

1. Name  Email   
 Address   
 Fax   
 2. Name  Email   
 Address   
 Fax

**BANK ACCOUNT DETAILS**

Name   
 Branch  Hydro Systems Europe Account Rep. / Region  
 A/c No

CREDIT REQUESTED £/€  INITIAL ORDER SIZE

**OWNERSHIP AND MANAGEMENT DETAILS**

**If details are the same as on page 1 please tick this box and simply sign and date.**

Owner  Who should we contact with  
 Managing Director  Order queries   
 Finance Director  Account queries

*We apply to open a credit account subject to Hydro Systems Europe terms and conditions as seen. We note payment is due by the end of the month following invoice date and we undertake to settle our account in accordance with these terms, with which we agree.*

Signed  Date   
 Print name  Title

(to be signed by an authorised signatory or principal) Note: Please detach this form, keep a copy for your records and return to Hydro Systems Europe)

**FOR HYDRO SYSTEMS EUROPE LTD. USE ONLY**

Terms /credit approved  Approved by   
 Date   
 Hydro Systems a/c N