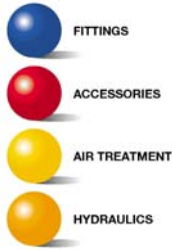




APPLICATION FOR COMMERCIAL CREDIT



OneStopAirShop Ltd t/a Metro Sales
Oyster Lane, Byfleet, Surrey KT14 7JQ
Tel: 01932 348777 Fax: 01932 354954
Email: sales@metrosales.co.uk Website: www.metrosales.co.uk

APPLICANTS FULL NAME _____

TRADING STYLES (IF APPLICABLE) _____

TRADING ADDRESS _____

TEL NO. _____ FAX NO. _____

EMAIL _____ WEBSITE _____

VAT NO. _____

TYPE OF BUSINESS (✓) LTD CO. SOLE TRADER PARTNERSHIP

IF LTD CO. REG OFFICE ADDRESS _____

REG NO. _____

TEL NO _____ YEAR OF INCORPORATION _____ ANNUAL SALES £ _____

IF SOLE TRADER/ PARTNERSHIP PLEASE PROVIDE FULL NAMES, HOME ADDRESSES & TELEPHONE NUMBER(S) OF ALL PARTNERS (PLEASE USE A SEPARATE SHEET IF NECESSARY)

1. _____ TEL NO. _____

2. _____ TEL NO. _____

3. _____ TEL NO. _____

PRINCIPAL NATURE OF BUSINESS _____

HOW LONG TRADING _____ ANNUAL SALES £ _____

DATA PROTECTION ACT 1998

"We may make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency"

PURCHASING CONTACT _____ ACCOUNTS CONTACT _____

BANK NAME & ADDRESS _____

A/C NO.

SORT CODE:

TWO TRADE REFERENCES

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TEL NO. _____

TEL NO. _____

FAX NO. _____

FAX NO. _____

AMOUNT OF CREDIT REQUIRED £ _____ PER _____

(NOTE: TRADE REFEREES SHOULD BE ABLE TO SPEAK FOR THE CREDIT FIGURE AS ABOVE)

I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE ON YOUR STATED 30 DAY TERMS AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.

I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKERS' OPINION AS TO OUR SUITABILITY FOR THE ABOVE AMOUNT

SIGNED: _____

FULL NAME: _____

POSITION: _____

For and on Behalf of: _____

DATE: _____

For a copy of OneStopAirShop Limited current Terms and Conditions please contact our offices.