



Application for Credit Account

Head Office: 26-32 Millbrae Road, Langside, Glasgow, G42 9TU Tel. 0141 632 3222 Fax. 0141 632 0800

Your Company Details

Company or Trading Name _____

Full Trading Address _____
 _____ Postcode _____ Telephone _____

Company Registration No. _____ Facsimile _____

Proprietor's Name Mr/Mrs/Miss/Ms _____

Full address (if a sole Trader) _____
 _____ Postcode _____ Telephone _____

If partnership please list all Mr/Mrs/Miss/Ms _____ Mr/Mrs/Miss/Ms _____
 Mr/Mrs/Miss/Ms _____ Mr/Mrs/Miss/Ms _____

All customers are automatically provided with access to Viking International's online ordering facility providing a quick and convenient way to order. In order for us to e-mail your password, we require confirmation of your e-mail address.

Email address (for receipt of password) _____

Your Bank details

Banker's Name _____

Full address _____
 _____ Postcode _____

Account Number _____ Sort Code _____

The Banking Code of Practice requires us to obtain your written consent to apply for a bank reference. By entering the Bank details above and signing this form, you are consenting that Viking International ("the Company") may apply to your Bankers for a reference if the Company requires to do so.

Your Business

Nature of Business _____ Number of Years Trading _____ Years

Anticipated Monthly Spend with Viking International £ _____

Tester level agreed _____ For Office Use:

Trade References

Please supply the names of two references with whom you have had credit facilities for more than two years.

I/we the undersigned are applying to Viking International for credit facilities and agree to abide by the Company's Terms and Conditions (a copy of which is printed on the back of this form)

I/we the undersigned understand the Company may contact a Credit Reference Agency to obtain relevant information.

I/we the undersigned declare that the information provided is accurate and undertake to inform the Company of any subsequent changes if this Credit Application is approved.

Authorised signatory _____ Position _____

Please print name _____ Date _____

INTERNAL USE ONLY

Is customer eligible for Express Delivery ? YES / NO

Approved for and on behalf of Viking International _____ Date _____

Category No. _____ ASM _____ Warehouse _____

Telesales Contact _____ Add to mailing list _____

1st Copy - Submit to Head Office 2nd Copy - Customer Copy 3rd Copy - ASM / Warehouse Copy