



Account Application Form

Company Details			
Trading Name		Legal Entity Name	
Street Address			
City/Town			
County/State		Postcode/Zip	
Country		Main Tel Number	
Company Reg No:		Sales Tax/VAT Reg No:	
Annual Sales	£ \$ Euro	EORI Number:	
Monthly Credit Required	£ \$ Euro		

Billing Details (if different from above)			
Street Address			
City/Town			
County/State		Postcode/Zip	
Country		Main Tel Number	

Contact Details – Accounts Payable			
Contact Name:		Tel No:	
Email:			
Preferred email for invoices:			
Contact Details – Buyer			
Contact Name:		Tel No:	
Email:			

Reference 1			
Name		Company	
Street Address			
City/Town			
County/State		Postcode/Zip	
Country		Main Tel No	

Reference 2			
Name		Company	
Street Address			
City/Town			
County/State		Postcode/Zip	
Country		Main Tel No	

Signed: _____ Date: _____

PLEASE SCAN AND EMAIL/FAX SIGNED FORM TO: Credit.Control@IQDFrequencyproducts.com or Fax: +44 (0)1460 270280