



New Customer Credit Account Request

Section 1

Full Legal Title & Trading Name: _____

Type of Company (e.g. Ltd, PLC): _____

Company Registration No: _____

Registered Office Address: _____

Section 2

Delivery Address: _____

Tel No: _____

Email: _____

Do you have the facilities to accept pallet deliveries: Yes/No

Invoice / Statement Address: _____

Tel No: _____

Email: _____

Business Activity: _____

Business Segment:	Please tick as applicable
University/College/Medical School	
Pharmaceutical/Biotech	
Clinical Diagnostics	
Hospital	
Diagnostic/Medical Supply	
Distributor	
Other (please describe)	

Section 3

Proposed Credit Limit: _____

Payment Method: _____

I/We authorise you to take up references at any time from the below mentioned sources.

Trade Reference 1: _____

Contact Name: _____

Tel No: _____

Email: _____

Trade Reference 2: _____

Contact Name: _____

Tel No: _____

Email: _____

Section 4

I/We have read, understood and retained a copy of your terms and conditions of sale and agree to trade in accordance with these for any goods supplied. I/We also agree to comply with your settlement terms specified therein.

Completed By: _____ Job Title: _____

Signature: _____ Date: _____

Please return your completed form via email to finance@starlab.co.uk