



McFen Plant Ltd.



Cody Road Business Centre, 7c South Crescent, London E16 4TL Tel: 0207 474 1221

Credit Application Form				
Business / Account Holder Details:				
Company Name:				
Trading Name (if different from the abov	ve):			
Registered Office Address:				
Telephone Num:	<u> </u>			
Email Address:	Website:			
Company Registration Number:				
VAT registered: UAT Nur	m:			
Type of Business: PLC Private	Ltd Co. Sole Trader Partnership			
If sole trader state:				
Name of Proprietor:	Home Address:			
Invoice Information:	•			
Invoice Email Address:				
Payment Contact Name:				
Phone Num:				
Monthly Credit Required (Days):				

Bank Det	ails:			
Name of E	Bank:	Account Name:		
Account N	mber: Sort Code:): 	
Trade Ref	erences:			
Name:		-	Tel Num:	
Address:				
Name:		-	Tel Num:	
Address:				
Please note our payment terms are strictly 30 days net monthy. Mcfen Plant Ltd adhere to CPA terms and conditions, a copy of this has been attached. Please sign to acknowledge CPA terms have been received and understood.				
Print Name	e:	Signature:	:	
Date:		Position:		