



# APPLICATION FOR CREDIT



MERIDIAN CENTRE  
CROSSBANK STREET  
OLDHAM  
LANCS OL8 1EZ

PHOTODATA HOUSE  
KNOWL PIECE  
HITCHIN  
HERTS, SG4 0TY

REF

DATE

NAME OF ACCOUNT:

ADDRESS:

Accounts Contact  Email

COMPANY REG NO:  Year Est.  \*STERLING OR EUROS

TELEPHONE NO:  FAX NO:

NAME OF PERSON/S AUTHORISING PURCHASES:

BANKERS:

BRANCH ADDRESS:

1. TRADE REFERENCE  
NAME  
ADDRESS  
  
FAX NO:

2. TRADE REFERENCE  
NAME  
ADDRESS  
  
FAX NO:

KINDLY NOTE, ALL ACCOUNTS ARE NETT MONTHLY, PAYMENT BEING DUE  
30 DAYS FROM THE END OF THE INVOICING MONTH.  
ON COMPLETION OF THE ABOVE DETAILS, AUTHORITY WILL BE APPROVED  
I HAVE READ AND UNDERSTAND THE ABOVE:

SIGNATURE

FULL NAME  TITLE

PLEASE ALSO FAX BACK A COPY OF YOUR LETTERHEADED PAPER

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WEB [www.photodata.com](http://www.photodata.com)

PHONE 01462 452616  
FAX 01462 422830

\* PLEASE INDICATE INVOICE CURRENCY REQUIRED