

ACCOUNT APPLICATION FORM

(PLEASE USE BLOCK CAPITALS, ALL SECTIONS SHOULD BE COMPLETED AND THE FORM MUST BE SIGNED)

Full Company Name:

VAT Number:

Reg. Number:

Type of Business:

Please tick type of industry:

INDUSTRIAL/MEDICAL/TRANSPORTATION/MILITARY/OTHER

Estimated Annual Turnover:

No. of Employees:

Credit Limit and account currency:

Please note first orders are usually on a payment in advance basis. Where credit is required, approval will be subject to Atradius credit insurance acceptance. Once approved, payment terms will be 30 days net. Orders will not be processed until this is in place.

Invoice Address	Delivery Address (if different)
Postcode:	Postcode:
Tel:	Tel:

Accounts Contact:

Accounts Email:

Accounts Tel:

Invoices are sent automatically by email from our domain @fortec.eg when goods are despatched. Please add this address/domain to your safe senders list.

A/P email address:

Purchasing Contact:

Email:

Design/Eng Contact:

Email:

We confirm the above details are correct and that we accept that the General Delivery & Payment terms and conditions of FORTEC EGYPT shall apply to all dealings with FORTEC EGYPT.

(Terms and conditions can be found on our website www.fortec.eg)

Name: Position:

Signature: Date: