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Company Name				Data			
Company Name:				Date:			
Address:							
City/Town:							
County/State:							
Postcode/ZIP:							
Country:							
Products/ Services Required:							
Screw Jacks		Linear	Actuators	E	Bevel Gearbo	xes	Lead Screws
Jacking Systems		Load N	Monitoring	Ma	chining Servi	Design Support	
Sales Department Details:							
Primary Contact:				Tel No:			
Email Address:				Fax No:			
Account Department Details:							
Primary Contact:				Tel No:			
Email Address for Invoices (if different):				Fax No:			
Email Address for Statement (if different)				l			
Business Information:							
Type of Business:				How long estal (years):			
Company Registered Name:				Parent or Hold Company Nam	ing ne:		
Company Registration (or DUNS) number:				VAT Number (if applicable)			
Trading Account Currency:	GBP (£)		Euro (€)	USD (\$)			
Credit Limit Requested:							
Please accept this form as m I/We understand that first or I/We have read your standard	der will be P	ro Forma	pending cr	edit review.	trading be	etween us.	
Name:				Signature:			
Position:				Date:			
Please email this completed	l form to sal	es@powe	erjacks.com	 			
Internal Use Only							
Credit Limit Approved:							
			Date				
Requested by Customer:			Date:				
Requested by Customer: Approved by:			Date.				
	Yes	No	Date.				
Approved by:	Yes	No	Date.				

Unless otherwise agreed, first orders on all new accounts will be actioned on a Proforma basis and payment will be due at time of order placement. Upon receipt of payment, the purchase order will be processed and delivery lead time confirmed.

Provision of a credit limit will then be reviewed following a credit check.

Initial invoices can be paid by credit/debit card as required. Credit card charge applies.

Orders over £20,000 may require 50% prepayment.