

CREDIT APPLICATION FORM

Just to be sure !



2GTR B.V.B.A.

Building 709 Pb 17

B – 1931 Brucargo BELGIUM

Tel : +32 2 751 01 03 Fax : +32 2 751 01 05 E : info@2gtr.be

1. Credit limit requested
EUR

2. Registered name
.....
.....

3. Registered address
.....
.....
.....
.....

4. Trading name (if different from registered name)
.....
.....

**5. Trading and /or invoicing address
(if different from registered name)**
.....
.....

6. Communication
Phone.....
Signatory's phone.....
Fax.....
E-mail

7. Director(s) (Name , Surname(s))
.....
.....
.....

8. Trading reference 1.
.....
.....

9. Trading reference 2.
.....
.....

10. Bank name
.....
Address.....
.....
Account n° / IBO n°

Sort code / Swift code

Account manager

Teln° / Faxn°

2GTR bvba certifies that all information here provided will be used for internal purposes only

The applicant will be held liable for all indebtedness resulting from the usage of this account code

All details shown above are correct and accurate. By signing this application form the applicant declares to have read, Understood and to fully adhere to the Conditions of Trade and Transportation of 2GTR bvba.

Date :/...../.....

Name and Surname in capitals

Position

Signature

Approved

Starting date

Account Code

Payment in free days

Credit limit in Euro's