



**National Gallery Bookshop
Credit Account Application Form**

Company Details

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

VAT Number: _____

No. of years in Business _____

Statement address if different _____

Accounts Dept Contact: _____

Accounts email _____

Credit Limit Request: _____

Purchase Order Required Yes () No ()

Trade References: 1. _____ 2. _____

Tel: _____ Tel: _____

Warranty

In consideration of granting credit facilities I/We agree to make settlements of account within 30 days of date of invoice. I/We accept that interest will be charged at 4% per annum on the base rate from the due date to the date of payment Damaged or lost goods must be notified in writing with **7 Days**. Goods must not be returned without our prior consent. Goods remain the property of the NGI until payment has been received in full.

Date: _____ Signature: _____

Position: _____

For Office Use Only (I&L)

Checked by: _____

Date: _____