



**Quality Network Services Limited  
Credit Application Form**

**Claremont House  
Lincoln Road  
Fenton  
Lincolnshire  
LN1 2EN**

Name of your Account Manager at QNS

Company Name

Telephone Number

Fax Number

Bank Name

Sort Code

  

Account Number

Company Registration Number

Company VAT Number

Trade Reference

Signature (if Faxed)

Position

Invoice Address

Bank Address

Credit Limited Requested

Credit Terms Requested

Trade Reference

Name

Date

We hereby confirm that we have read and understand Quality Network Services Limited  
Terms & Conditions of Sales and agree to comply therewith.

All goods remain the property of Quality Network Services Limited until payment has been received in full.  
After completing the above, please save and Email to [accounts@qnslimited.co.uk](mailto:accounts@qnslimited.co.uk) or fax to

**01522 321092**