

Credit Account Application Form



NAME & ADDRESS DETAILS

Registered Name: Natural History Museum of Denmark	Trading Name (If different):
Trading Address: University of Copenhagen, Nørregade 10 1165 Copenhagen K Denmark Postcode:	Invoice Address (If different): Postcode:
Tel: +45 35 32 26 26 Fax:	Tel: Fax:

COMPANY DETAILS

Limited Company
 Plc
 Other (Please Specify): _____

Complete where appropriate

Date Formed: _____ Date of Incorporation: _____

Date Trading Started: _____ Reg. No.: _____

Registered Office Address: _____

VAT Reg. No.: CVR no. 29979812

Nature of Business: _____ Estimated monthly credit limit required: £ _____

Number of Employees: _____ Company Turnover: _____

Accounts Contact: _____

Tel: _____ Fax: _____ Email: _____

BANK & TRADE REFERENCES

Bankers Name: Danske Bank

Address: Holmens Kanal 2, 1092 København K, Denmark
Reg. nr. 0216, Konto 4069044336, IBAN DK73 0216 4069 0443 36, SWIFT DABADKKK Postcode:

Please provide **TWO** trade references

1. Trade Ref:	2. Trade Ref:
Address: _____	Address: _____
Postcode: _____	Postcode: _____
Tel: _____ Email: _____	Tel: _____ Email: _____
Contact: _____ Account No: _____	Contact: _____ Account No: _____

COMPANY DIRECTORS

Please list all directors or principals (Continue on a separate sheet if necessary):

DECLARATION

On behalf of the Applicant, I/we state that I am/we are duly authorised to sign this Application and make the following declaration:

- All particulars herein are correct to the best of my/our knowledge, information and belief.
- I/we have noted in particular that payment terms are 30 days nett from date of invoice and that title in any goods does not pass until all monies due on the account have been paid.

Signed: Marie Mortensen Full Name: Marie Mortensen

Position: Head of finance Date: 27/9-2022

FOR CILS USE ONLY

Approved By: _____ Date: _____ Credit Limit: _____ Acc. No.: _____