



IT GOVERNANCE CREDIT ACCOUNT APPLICATION FORM
(Fax to + 44 1353 662667)

Your company's registered name:

Your website URL:

Trading title (if any):

Registered office address (including country and postcode):

Address for invoicing (including country and postcode):

Name of person responsible for payment of invoices:

This person's contact details (must be direct number and email address)

Telephone:

Facsimile:

Email:

Invoicing and settlement currency (select one): UK£/US\$/Euro

Our terms of business are that, if you are granted credit facilities with IT Governance Ltd, you will ensure that we receive payment from your company for all invoices in full in cleared funds in our bank account within 30 days of date of invoice. Our bank account details are on all our invoices.

Signed:

Date:

Your name:

Your position:

In signing this application form, you are stating that you have been duly authorised to enter into this trade credit agreement and that your company will be bound by our payment terms.

IT Governance approval of credit facilities:

(Director)