



Credit Application Form

Company Information:

Company Name _____

Billing Address _____

City _____ Zip Code _____ Country _____

Phone # _____ Fax # _____

Shipping Address _____

City _____ Zip Code _____ Country _____

VAT # (only applicable for EU-countries) _____ Dun & Bradstreet # (if known): _____

Number of years in business _____ Number of years at this location _____

Share Capital EUR _____ Total Equity Capital EUR _____

Type of Organisation Corporation Partnership Individual Number of Employees: _____

Officers or Principles _____

Authorised Buyers _____

Accounts Payable Contact _____

Trade References (2 required)

Company Name _____ Country _____

Contact Name _____ E-mail _____

Phone # _____ Fax # _____

Company Name _____ Country _____

Contact Name _____ E-mail _____

Phone # _____ Fax # _____

Bank Reference

Bank Name _____ Branch _____ Country _____

Account # _____

Phone # _____ Fax # _____

Anticipated Yearly Turnover with KVH EUR _____ Credit Requested EUR _____

Anticipated Yearly Turnover EUR, Total _____

We certify that all of the information on this form is correct. We understand that the information on this form is for the purpose of obtaining credit from your firm. We agree to the proper payment in consideration of extended credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Authorised Signature _____

Date _____

(please allow one week to process)

Fax completed form to +45 45 160 181