



**SPECTRO
JET-CARE**

ACCOUNT APPLICATION FORM

SPECTRO OIL AG

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CUSTOMER INFORMATION FOR INVOICING

Customer Name

Company Type e.g. plc, GmbH, etc

Invoice Address

Postcode /Zip

Country

MWST / VAT No.

Company Reg No.

| | | | | | | |
|---------------------------|--------|-----------|-------|---------------------------------|----------------|-----------------------------|
| Account Type | Credit | Proforma | | Preferred Payment Method | Bank Transfer | Credit Card (Pay By Link) * |
| Invoicing Currency | EU € | CHF / SFr | US \$ | | Cardholder | * Cardholder Email Required |
| | | | | | Email Address: | |

FINANCE/ACCOUNTS CONTACT DETAILS

Name

Tel

Fax

Mobile

Email

www

Other Details

TECHNICAL CONTACT DETAILS (for analysis reports)

Name

Tel

Fax

Mobile

Email

Address
if different
from above

If you are applying for a Proforma account you do not need to supply references. If you are applying for a Credit account please supply the names and contact details of two suppliers with whom you do business. Spectro reserves the right to contact these suppliers for a credit reference and may withhold credit facilities if a satisfactory reference is not received.

SUPPLIER REFERENCE 1

Company Name

Address

Contact

Tel

Email

SUPPLIER REFERENCE 2

Company Name

Address

Contact

Tel

Email

Services are supplied in accordance with our Standard Terms and Conditions unless by prior written agreement. Payment terms for credit accounts are strictly 20 days net from date of invoice. Samples received without agreed credit terms will be quarantined upon receipt and only released for analysis once a credit account has been approved or payment has been made to cover the charges. Results may be withheld pending settlement of overdue accounts. Credit facilities may be suspended / terminated at any time.

Name (print)

Signature

Position

Date

SPECTRO USE ONLY: Approved Yes / No Sign _____ Date _____ Account Code _____ Credit Limit _____

New Account Re-Activate Dormant Account Update Company Details

webECHO™ Username & Password Issued by (add initials) _____