



APPLICATION TO ELECTROCOIN SALES LTD FOR 30 DAY CREDIT FACILITY

Company Name Fax Number

Address Email Address

..... Website

Telephone Number

Type of Business (Please Circle) Distributor / Operator / Inland Arcade / Coastal Arcade

Other (Please Specify)

If holder of Current Gambling Commission Licence please state number

Credit Required (Please Circle) up to £5,000 / up to £20,000 / up to £100,000 +

Bankers Name Account Number

Address Sort Code

TRADE REFERENCES

Name Name

Company Company

Address Address

.....

I have read Electrocoin Sales Ltd's terms and conditions of trading as printed on the reverse of this form and agree that they should govern all transactions between us.

Signed Date

Name and Position of Signatory. Date of Birth of Signatory

Please print.

If Application made on behalf of a Limited Company this form must be signed by a Director of the Company.

Electrocoin Sales Ltd, 181 Park Avenue, London, NW10 7XH, UK

email **info@electrocoin.com** web **www.electrocoin.com** Tel **+44 (0)20 8965 2055**