

	UNITE & GRAVE	L LTD.		
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Fill out form and email/fax the completed Date:	form to the appropriate address. Any infor	mation supplied will be use	ed for credit purposes only an	d will remain confidential
Name of Company:	****			•
Please Check which of the follo	owing applies to your Company	;		
Corporation.	Partnership.	Propriet		idential Customer.
Address: Phone:	Fax: Email:			
Name of Person making Applic	ng Application: Position:			
Name(s) of Proprietor		Title:		
Nature of Business or Project:	Phone: <u>or</u>	Length of Time at F	Residence:	
References: Company name:		Address:		
Phone:	Fax or Email:		How Long:	ie.
Company name:		Address:		
Phone:	Fax or Email:		How Long:	3
Company name:		Address:		
Phone:	Fax or Email:		How Long:	
Bank Reference:	Which Branch:		Phone:	x1
	be required for each Order ma		Yes	No
I/We hereby make application for open te	rms and certify that the information given ; th or 26.77% per annum on all overdue inv	oices.		
		ature of Applicant:		
orivilege to charge interest at 2% per mon				
Name of Applicant(print):	FOR UCG LTD. OFFICE USE ONLY – PLE Approve			
Name of Applicant(print): Date Received:	FOR UCG LTD. OFFICE USE ONLY – PLE	ed By:		
Name of Applicant(print): Date Received: Account Name Given:	FOR UCG LTD. OFFICE USE ONLY – PLE	ed By: Credit Lin	nit:	