wesco | anixter

Request to Increase Credit Limit

COMPANY DETAILS

Company Name:	
Wesco Account No:	Phone:
ACN:	ABN:
Accounts Contact:	Email:
Director Name:	Email:

CREDIT LIMIT DETAILS

Current Limit:	Current Terms:	30 days End of Month
Requested Limit:		

Please provide details to support your request for increase:

I confirm that the information provided by me above are true and correct, and not misleading or deceptive in any way. I am also duly authorised to make this request on behalf of the Applicant and to bind the Applicant to the new credit limit increase:

Signed: **Position:**

Printed Name: **Date:**