

**CREDIT LIMIT APPLICATION**

|  |  |
| --- | --- |
| Company name: | Commercial registry code:  |
| VAT No.: |
| Legal address *(county, city, street, house No, postal code)*: | Phone: |
| E-mail: |
| Current account No.:  | Bank:  |
| **Signee(s)** |
| Contact person *(given names and surname):*Title:  |
| **Place of business / points of sale** |
| Name, address *(county, city, street, street No., postal code)* | Contact details *(phone, e-mail)* |
| 1.  |  |
| 2.  |  |
| 3.  |  |

|  |
| --- |
| **Sales information** |
| Average sales volume in 2024 (projected): |  |
| Average monthly sales volume in euros (projected): |  |
| Share of sales volume of products of Orkla Eesti AS in total client turnover (%): |  |
| Number of SKUs of Orkla Eesti AS: |  |
| Sales volume (EUR) of products of Orkla Eesti AS during the last 3 months: |  |
| Monthly delivery frequency: |  |
| Subscribing to the newsletter (information on new and discontinued products, price list, etc. 1-2 times a month): | Yes/No |
| **Other information** |
| Applied credit limit in euros: |  |
| Applied time limit for payment (in days): |  |
| Reason for applying: |  |
| **I confirm the accuracy of the submitted data:** |
| *The application has been signed digitally* |