



Account Application

Company Name & Trading Address

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Registered Office Address (if Different)

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Company Name & Invoice Address

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Trading Name (if Different from above).....

Telephone Number.....

Fax Number

Email addresses:- Purchasing Dept.....
Accounts Dept.....

Legal Status (please tick as applicable)

Sole Proprietor Partnership Private Limited Company Public Limited Company
Other (please state)

Name of Proprietors/Partners or Directors

1..... 2..... 3.....

VAT Number..... Company Registration.....

Do you require Purchase Order Numbers? YES NO

I/we agree the credit account facility will be payment 30 days from date of invoice, and that adherence to this obligation is the essence of the contract between us.

Signed..... Print Name.....
(Director/Proprietor/Partner or authorized signatory) This application must be signed by a principal of the firm

Date.....