

Account Application

Company Name	
Credit Limit Req	£

Company Reg No	-----
Incorporation Date	/ /

Invoice Address		Registered Address	
Post Code		Post Code	
Telephone		Telephone	
Fax		Fax	

If non-limited company, please supply names of Directors:		
<small>For each listed director, please provide the address and contact information on the reverse of this document.</small>		

Purchasing Contact		Accounts Contact	
Name		Name	
Telephone		Telephone	
Fax		Fax	
Email		Email	

Trade References <small>(Please do not include your current supplier)</small>			
Reference One		Reference Two	
Post Code		Post Code	
Telephone		Telephone	

Bank Name	
Sort Code	
Account No	
Bank Address	
Post Code	

<small>Note: Payment terms are 30 days from end of month of supply. By signing this form you confirm you have read and agree to be bound by our terms and conditions of sale.</small>	
Signed:	
Print Name	
On Behalf Of	
Position	
Date	/ /