



CUSTOMER ACCOUNT APPLICATION

Business and Credit Information		Account Type: Credit <input type="checkbox"/> Cash <input type="checkbox"/>	
Business/Trading Name:		Address:	
Company Registration No:			
VAT Registration No:			
Telephone:			
Email:		Town/City:	Postcode:
Trading Since:	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Other <input type="checkbox"/>		
Are the following deductions applicable? CIS <input type="checkbox"/> Reverse Charge VAT <input type="checkbox"/>			

Business Contact Information		
Contact Name:	Address:	
Position:		
Telephone:		
Email:	Town/City:	Postcode:

Bank Information		
Bank Name:	Address:	
Telephone:		
Email:	Town/City:	Postcode:

Accounts Contact	Purchasing Contact
Contact Name:	Contact Name:
Telephone:	Telephone:
Email:	Email:

Business/Trade References			
Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
Town/City:	Postcode:	Town/City:	Postcode:
Email:		Email:	

Agreement	
Payment required on receipt of invoice unless credit facilities have been agreed with the company prior to services required. Where account facilities have been agreed, payment terms are strictly 30 days from date of invoice unless otherwise stated. Credit facilities will be withdrawn if the account remains unpaid beyond the due date or if the amount of credit facilities exceeds the agreed credit obtained.	

Signatures	
I hereby certify that the information provided is complete and accurate. This information has been supplied with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.	
Signature:	Signature:
Print Name:	Print Name:
Date:	Date: