

CUSTOMER ACCOUNT APPLICATION

Business and Credit Information	Account Type: Credit	Cash		
Business/Trading Name:		Address:		
Company Registration No:				
VAT Registration No:				
Telephone:				
Email:		Town/City:	Postcode:	
Trading Since:	Sole Trader	Partnership Limited Compan	y Other	
Business Contact Information				
Contact Name:		Address:		
Position:				
Telephone:				
Email:		Town/City:	Postcode:	
Bank Information				
Bank Name:		ddress:		
Telephone:				
Email:		Town/City:	Postcode:	
Accounts Contact		Purchasing Contact		
Contact Name:		Contact Name:		
Telephone:		Telephone:		
Email:		Email:	Email:	
Business/Trade References				
Company Name:		Company Name:		
Contact Name:		Contact Name:		
Address:		Address:		
	Т			
Town/City:	Postcode:	Town/City:	Postcode:	
Email:		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 Credit facilities will be withdrawn if the account remains unpaid beyond the due date or if the amount of credit facilities exceeds the agreed credit obtained.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:	Date:	