

Account Application Form

Company Name: <input style="width: 90%;" type="text"/>	Trading as: <input style="width: 90%;" type="text"/>
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Tick as appropriate

Firm <input type="checkbox"/>	Partnership <input type="checkbox"/>	Individual <input type="checkbox"/>	Limited Company <input type="checkbox"/>	PLC <input type="checkbox"/>
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Registered Address		Company Registered Number	
Trading Address		Contact Name	
		Fax No.	
Email Address		Telephone No.	
Accounts Address		Contact Name	
		Fax Number	
Telephone		VAT No. (for international purposes)	

Bank Name		Account Name	
Bank Address		Bank Account Number and sort code	
Trade Reference 1		Trade Reference 2	
Contact		Contact	
Address		Address	
Telephone		Telephone	

Services Required

<input type="checkbox"/> First Class	<input type="checkbox"/> Business	<input type="checkbox"/> Standard
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I accept that your payment terms are 30 days net and hereby apply for a credit account  
I confirm that I am authorised to make this application

Signed  Name  Position  Date  /  /

For Office Use Only

Companies House Check	<input style="width: 150px;" type="text"/>	
Credit Limit	<input style="width: 150px;" type="text"/>	Authorised <input style="width: 150px;" type="text"/>