

## New Account Application Form

**Please complete in BLOCK CAPITALS**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

Are you a Limited Company?: \_\_\_\_\_

Registration No: \_\_\_\_\_

Reg. Office address: \_\_\_\_\_

(If different from above) \_\_\_\_\_

\_\_\_\_\_

Nature of business: \_\_\_\_\_

Amount of credit required: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

Director/Partners: \_\_\_\_\_

Company Secretary: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_

Buying Contact: \_\_\_\_\_

Years Trading: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

Buying / Invoice Group: \_\_\_\_\_

Where did you hear about us?: \_\_\_\_\_

### References

1. \_\_\_\_\_

Trade name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

2. \_\_\_\_\_

Trade name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

### Bank Details

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account No: \_\_\_\_\_

Sort Code: \_\_\_\_\_

### Payment of Invoices

**Invoices for goods and any additional charges will be transmitted in the form agreed with the customer. Payment shall be made in full before the end of the month following the month of despatch. Any alternative terms of payment must be agreed in writing by a Director of the Company prior to despatch of the goods.**

**PLEASE SIGN THE TERMS AND CONDITIONS ON THE REVERSE OF THIS PAGE**

<b>For Office Use only</b>	Credit Limit: _____	Authorised by: _____
	Account No: _____	Representative: _____