



## CUSTOMER ACCOUNT APPLICATION FORM

(Please note, this is not a credit application form)

### BILLING ADDRESS INFORMATION

Company Reg. Name			
Trading Name			
Address			
Postcode			
Contact Name			
Email Address			
Telephone Number		Nature of Business	
Mobile Number		Company Reg.	
Date Established		V.A.T Number	

### DELIVERY TO INFORMATION

Company Name			
Contact Name			
Address			
Postcode			
Mobile number		Fax Number	
Telephone Number		Email Address	

### BUSINESS TYPE

Sole Traders	Partnership	Limited Companies	Others (please specify)

### BANK DETAILS

Bank Name			
Address			
Postcode			
Sort Code			
Account Number		Contact name	

### TRADE REFERENCES

#### 1st Reference

Business Name			
Address			
Postcode		Contact Name	
Telephone Number		Fax Name	

#### 2nd Reference

Business Name			
Address			
Postcode		Contact Name	
Telephone Number		Fax Name	

## TERMS DECLARATION

I/We confirm that the above details are correct and that I have read and agree to the Terms & Conditions set in place.

If a limited company this should be signed by a Director or Company Secretary or if a partnership by one of the partners.

I/We understand that accounts with credit facility that become overdue, orders will be placed on hold until payments are made.

Signature: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

\*Please provide a letterhead letter with your application.