



NEW ACCOUNT APPLICATION FORM

| | | | | | |
|--|--|----------|--|---------|--|
| Company Name: | | | | | |
| Trading Address: | | | | | |
| Invoice Address (if different from above): | | | | | |
| Tel No: | | Fax No: | | Vat No: | |
| Company Reg: | | Website: | | Email: | |

Directors Details

| | | | |
|-------|--|-------|--|
| Name: | | Name: | |
| Name: | | Name: | |

Purchase Ledger/Accounts Dept contact details:

| | | | |
|----------------|--|-----------|--|
| Name: | | Phone No: | |
| Email address: | | | |

Bank Details & Trading Limit requirements

| | | | | | |
|---------------------|--|------------|--|---------|--|
| Bank Name: | | Sort Code: | | A/c No: | |
| Bank Address: | | | | | |
| Trading Limit req'd | | | | | |

If credit is granted, I/we agree to pay your account promptly when due 30 days from date of invoice

| | | | |
|------------|--|-------|--|
| Signed: | | Name: | |
| Position:* | | Date: | |

***PLEASE NOTE DIRECTORS SIGNATURE REQ'D**

PLEASE ATTACH ONE OF YOUR PRINTED LETTERHEADS TO THIS APPLICATION

for internal use:

| | | | |
|-----------------|--|------------|--|
| Limit Approved: | | Date: | |
| Authorised by: | | Signature: | |