



ACCOUNT APPLICATION FORM

To be used for **new accounts** and for **updating existing accounts**.
Failure to complete in full could delay the provision of account facilities.

Name of Business: _____

Invoice Address: _____

Post Code: _____

Delivery address (if different): _____

Sales Contact and phone number: _____

Sales Email: _____

Accounts Contact and phone number: _____

Can we send your invoices by email? Yes / No

Email Address (if applicable): _____

If Sole Trader or Partnership:

Proprietor and all partners' names in full: _____

Private Address/es: _____

Have any of the above named ever been made bankrupt or insolvent?

(If yes further details may be required).

If a Limited Company or LLP:

Company Registered Number: _____

Company Registered Office: _____

Directors Full Names: _____

Expected Credit required: _____ VAT Number (If applicable): _____

Trade References (not required if this form is for account update only)

Trade Reference 1, Address & Email: _____

Trade Reference 2, Address & Email: _____

Declaration

I, being an authorised Officer of this Business, have received and do agree to your terms and conditions (V1). We appreciate that adherence to this obligation is the essence of the contract between us.

Signature: _____ Date: _____

Full Name (in capitals): _____ Position: _____

For Office Use Only

Account Code: _____ Date: _____

Credit Limit: _____ Letter Sent: _____