

Account Application Form



Unit 1, Freetown Business Park
 Hudcar Lane,
 Bury, Lancashire. BL9 6HD.
 Tel: 0161 763 3100
 Fax: 0161 763 3158

PLEASE ATTACH A LETTERHEAD / COMPLIMENT SLIP

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Customer Name		
Invoicing Address		
Registered Address		
Telephone	Company Registration No	VAT Number
Please State:		
Sole trader	Limited Company	Public Limited Company
Business Information		
Accounts Contact	Accounts Email Address	Accounts Telephone number
Amount Credit Required	Turnover	Number of Employees
Affiliated Companies (Parent, Subsidiary, etc.)		
Credit Information		
Bank/s (Name, Address & Telephone)		
Please supply 2 Trade References (Name, Address, Telephone & Fax Number)	1.	
	2.	
REFERENCES MUST BE KNOWN FOR OVER A YEAR Reference will be contacted		
Acceptance of Terms		
I confirm acceptance of your terms and conditions of sale, and your credit terms of 30 days nett monthly (payment due by the end of the month following month of invoice.)		
Authorised Signature:	Position:	Date:
Name (please use capitals)		
Internal Office Use Only		
Application Received:		
Authorised By	Date Authorised	Credit Limit