



# PLEASE PRINT

## Application for 30 day Account Facilities

<b>BUSINESS NAME:</b>		
<b>ADDRESS:</b>		
<b>POST CODE:</b>	<b>TEL:</b>	<b>FAX:</b>
<b>CONTACT NAME /TITLE:</b>		
<b>BUSINESS DETAILS</b> Please complete <b>A/B/C OR D</b>		
<b>Category A:</b> Limited/Plc		
Full Company Title:		
Company Registration no:		
Registered Office:		
<b>Category B:</b> Partnership		
Full names		
& Home Address of all partners:		
<b>Category C: Sole trader</b> <b>Category D: Other -please specify</b>		
C & D Full name & Home Address:		
<b>BANKERS REFERENCE</b>	Account Number:	Sort Code:
Bank Name:		
Address:		
<b>TRADE REFERENCES (2MIN) REF 1:</b>		<b>REF 2:</b>
Name:		
Address:		
Tel & Fax:		
<b>Insurance:</b> The Customer is responsible for insuring equipment against all loss & damage.		
<b>INSURER:</b> Please attach cover note or details.		
<b>Customer Declaration:</b>		
I am authorised to apply for credit on behalf of the above mentioned business/company and agree to the terms and conditions attached. I understand that the payment terms are 30 days from date of invoice.		
Signed:.....		Printed: .....
Position :.....		Date:.....
<b>FAX BACK TO: 020 85238751. PLEASE ATTACH A COMPANY LETTER HEAD.</b>		