



PLEASE PRINT

Application for 30 day Account Facilities

BUSINESS NAME:		
ADDRESS:		
POST CODE:	TEL:	FAX:
CONTACT NAME /TITLE:		
BUSINESS DETAILS	Please complete A/B/C OR D	
Category A:	Limited/Plc	
Full Company Title:		
Company Registration no:		
Registered Office:		
Category B:	Partnership	
Full names		
& Home Address of all partners:		
Category C: Sole trader	Category D: Other -please specify	
C & D Full name & Home Address:		
BANKERS REFERENCE	Account Number:	Sort Code:
Bank Name:		
Address:		
TRADE REFERENCES (2MIN) REF 1:		REF 2:
Name:		
Address:		
Tel & Fax:		
Insurance:	The Customer is responsible for insuring equipment against all loss & damage.	
INSURER:	Please attach cover note or details.	
Customer Declaration:		
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:.....	
FAX BACK TO: 020 85238751. PLEASE ATTACH A COMPANY LETTER HEAD.		