

APPLICATION FOR A 30 DAY ACCOUNT

Full Trading Name of Company:-----

Full Trading Address:-----

Full name/s & private address/s of proprietor/s or Director/s (Please print)-----

Please indicate if house is owned outright /subject to mortgage/leasehold/ freehold

For Limited Companies please complete the attached Directors Guarantee

Company Tel/Mob No's:-----

Fax No:-----

Vat No:-----Registration No (if Ltd Co)-----

Accounts Contact:-----Credit Required:-----

Nature of Business:-----How Long Established:-----

Name & Address of Bank:-----

-----A/C No----- Sort Code:-----

Names & Addresses For Trade References

Ref 1:-----

Ref 2:-----

Tel No:-----Fax No:-----

Tel No:-----Fax No:-----

We/I hereby apply for an account and agree to pay within 30 days of the invoice date.

Signed:-----

Date-----

Position:-----

Order No required YES/NO