

**ACCOUNT APPLICATION FORM
JAYCEE**

TRADING TITLE _____

DELIVERY ADDRESS _____

_____ **Post Code** _____

Contact _____ **Tel No** _____ **Fax No** _____

E-mail _____ **Web site** _____

VAT No _____ **Company Reg. No** _____

1) **IF A SOLE TRADER OR PARTNERSHIP**

FULL NAME _____ (No Nicknames)

VERIFIED HOME ADDRESS _____

_____ **Post Code** _____

2) **IF A LIMITED COMPANY**

Company/registered office (if different from the above) _____

_____ **Post Code** _____

Contact _____ **Tel No** _____ **Fax No** _____

TWO TRADE REFERENCES

1) **Name** _____
_____ **Post Code** _____

2) **Name** _____
_____ **Post Code** _____

BANK ADDRESS _____

_____ **Post Code** _____

Account No _____ **Sort Code** _____

I/We authorise our Bankers to provide an opinion as to our suitability for the amount of credit required.

PAYMENT TERMS

We shall require payment from you by the 28th of the month following invoice. Please confirm your agreement to these terms by having an officer, authorised to agree such matters, sign below.

Signature _____ **Full Name** _____

Position _____ (**Authorised to sign**) **Date** _____

Amount of credit required £ _____

Office use only (all forms to be sent to and filed at Head Office)

Customer Type _____ **Terms** _____ **Account opened on** _____ **by** _____

Account No _____ **Area Code** _____ **Credit Limit** £ _____ **Approved by** _____