



ACCOUNT APPLICATION FORM

Company Name	
Trading as	
Registered Address	
Post Code	
Company Reg. No	
VAT No	
Web site	
Delivery Address <i>(if different)</i>	
Post Code	
Contact Name	
Tel No	
E-mail	
Full Name	
Position	
Date	
Signature	

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 _____