

1 Full Name or Company Trading Title(s):
2 Accounting Address (address where statements, invoices and all financial correspondence are to be sent). Please include full postcode:

3 Works Telephone: Accounts Telephone:
Works Facsimile: Accounts Facsimile:
Works Email: Accounts Email:

4 If Limited Company - Registered office address: VAT Number:

5 If not a Limited Company - name and address of proprietor(s). (If insufficient space, please attach on a separate sheet)

6 Company Registration Number: How Long established (Years and Months)
Previous trading name (if any): Nature of Business:

7 Please indicate maximum credit required £

8 Is your company a member of a larger Group of Companies? YES NO
If Yes, state which group: Total Number of Employees:

9 Name of Director(s): Name of Company Secretary:

10 Payment Terms are strictly 30 days nett for approved accounts. We accept this and confirm we have read the Terms and Conditions and are in agreement with them. We understand that should credit facilities be afforded to the above mentioned, we are required to trade within these terms and conditions and failing to do so may result in appropriate action being taken.

Duly authorised by (sign)

Print Name:

Position:

Date: