

# Trade Account Application Form



## Company Details

Registered Company Name:

Registered Company No:

VAT Registration Number:

Proprietor/Contact Person:

Company Address:

Home Address:

Phone No:

Fax No:

Mobile No:

Email:

Website:

Please tick here if you would like to receive VAT Free alerts/special offers: Email  SMS

## Accounts

Contact Person:

Email:

Phone No:

Fax No:

## Trade References

Name:

Name:

Address:

Address:

Phone:

Phone:

Fax:

Fax:

Contact:

Contact:

## Credit Terms & Conditions

*Pro-forma Invoice Or Credit /Laser Card/Cheque Payment. No Credit given.*

*In the event of an invoice query please contact us within 10 days from the invoice date. Subsequent disputes cannot be accepted as a reason for non-payment.*

## Signature

Signed:

Date:

Print Name:

Title:

## For Office Use Only

Rep:

Week:

Date A/C Opened: