

## Credit Account Application Form

COMPANY NAME:

YOUR PRINCIPLE BUSINESS ACTIVITY:

TRADING NAME: (if different from above)

ESTIMATED MONTHLY GAUGE PURCHASES:

£

HOW LONG TRADING:

CO. REGISTRATION No:

APPROX. HOW OFTEN DO YOU ORDER GAUGES

VAT REGISTRATION No:

STATEMENT/INVOICE ADDRESS

ACCOUNTS CONTACT: Mr/Mrs/Miss/Ms

NAME:

EMAIL:

POST CODE:

PURCHASING CONTACT(S): Mr/Mrs/Miss/Ms

NAME:

TEL No:

EMAIL:

FAX No:

MAIN EMAIL ADDRESS

DO YOU OPERATE A BACS PAYMENT SYSTEM YES/NO

WEBSITE ADDRESS

NOTE : IF PAYING BY BACS PLEASE PROVIDE US WITH  
A REMITTANCE ADVICE

### OUR BANK DETAILS

DELIVERY ADDRESS (if different from above)

A/C NUMBER: 00244546

SORT CODE: 20-83-50

POST CODE:

Signed:

TEL No:

Name:

FAX No:

Position:

Date: