

FULL TRADING TITLE _____

INVOICE ADDRESS

_____Tel _____
Fax _____REGISTERED OFFICE ADDRESS (IF
DIFFERENT)_____
_____Tel _____
Fax _____

Web Site _____

Name of person who settles accounts _____

Tel No _____ Fax No _____

Email _____

IF LIMITED COMPANY

Registered Number _____

Date of Establishment _____

IF SOLE TRADER OR PARTNERSHIP

Name _____

Address _____

Name _____

Address _____

**Have any of the above ever been declared bankrupt or been director of a
company that became insolvent YES / NO****PLEASE GIVE NAMES OF TWO TRADE REFERENCES**

Name _____

Address _____

Name _____

Address _____

Tel: _____

Fax: _____

Tel: _____

Fax: _____

BANK DETAILS

Name of Bank _____

Address _____

Sort Code _____ Account Number _____

Name of Account _____

Amount of monthly credit requested £ _____

Method of payment you would wish to use **CHEQUE / BANK CREDIT**

I agree to abide by the standard conditions of trading i.e. 30 days from date of invoice.

Signature _____

Print Name _____

Date _____

Position _____