

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 _____