

Client account application form



Company details

Company Name:	Company Number:
Trading Name:	Year Established:
Trading contact details	Accounts payable contact details (if different)
Address: Post code:	Address: Post code:
Tel:	Tel:
Fax:	Fax:
Monthly Credit Limit Required (inc Vat):	Payment Method:
Do you have any particular procedures to be followed in operation of the account? e.g. order numbers, authorised persons, etc.	
Directors/Owners details (1) Address: Post Code:	Directors/Owners details (2) Address: Post Code:

Acknowledgement

In consideration of opening a monthly credit facility the applicant agrees that: > All transactions be subject to your standard terms and conditions > All invoices will be settled according to your 30 day credit terms. > All queries regarding invoices will be made in writing within 14 days of invoice date. > The applicant shall retain a copy of this application.	
Signed: Name:	Date: Position:

Office use only

Proposed by: Approved by:	Account Number:
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