

BUSINESS INFORMATION:

Business Name: _____

Address: _____

City: _____ Postcode: _____ Website: _____

Phone: _____ Email: _____ Company Reg No: _____

Trading Name (if different): _____ VAT No: _____

Nature Of Business: _____ In Business Since: _____

Type Of Business: ☐ Public Limited ☐ Private Limited ☐ Partnership ☐ Proprietorship

Required Credit: _____

SALES CONTACT:

Name: _____ Position: _____

Email: _____ Phone Number: _____

ACCOUNTS CONTACT:

Name: _____ Position: _____

Email Address for Invoices: _____

Email Address for Statements: _____

Phone Number: _____

FOR ACCOUNTS USE ONLY:

Credit Checked: _____ Order History: _____

CS Credit Limit: _____ Date of Application: _____

Agreed Credit Limit: _____ CS Rating: _____

Please Note: Our standard terms are 30 days from date of invoice unless otherwise agreed.

Signed: _____ Print: _____ Date: _____