



ACCOUNT APPLICATION FORM

FULL NAME AND ADDRESS OF COMPANY:		TEL NO:
		FAX NO:
		E-MAIL:
ANY OTHER TRADING NAMES:		
IF LTD CO PLEASE COMPLETE REGISTRATION NUMBER:		
NAME AND ADDRESS OF PROPRIETOR IF APPLICABLE:	DATE BUSINESS COMMENCED TRADING:	
CREDIT LIMIT: (INITIALLY £3,000 UNLESS OTHERWISE AGREED):		
INVOICE ADDRESS IF DIFFERENT FROM ABOVE:	CONTACT FOR PAYMENT QUERIES	
	NAME:	
	TEL NO:	
	FAX NO:	
STATEMENT ADDRESS IF DIFFERENT FROM ABOVE:		
BANK ACCOUNT DETAILS		
NAME OF BANK:		
BRANCH ADD:		
SORTCODE:		
ACCOUNT NO:		
TRADE REFERENCES: (PLEASE SUPPLY TWO)		
TEL NO:	TEL NO:	

PROVISION OF THE ABOVE CONSTITUTES PERMISSION TO OBTAIN REFERENCES.

PAYMENT TERMS 30 DAYS FROM THE DATE OF INVOICE UNLESS OTHERWISE AGREED.

SIGNED ON BEHALF OF THE COMPANY:	
DATE:	
PLEASE RETURN TO COMPLETE UTILITIES LTD - email: pancell@completeutilities.co.uk	