



## 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](mailto:pancell@completeutilities.co.uk)