



New Account
On Sage: Y/N

Change of Address
On Datafile: Y/N

Account No:

To be completed by Customer:

Full Legal Title and Trading Name : _____

Sole Trader

Partnership

PLC

(please tick where appropriate)

Limited Company

Co. Reg. No:

Registered Head Office Address

Name _____

Street _____

Town _____

Postcode _____ Phone Number _____

Fax Number _____ E-mail Address: _____

Delivery Address - if same as registered address, tick:

Name _____

Street _____

Town _____

Postcode _____ Phone Number _____

Fax Number _____ E-mail Address: _____

Accounts Address - if same as registered address, tick:

Name _____

Street _____

Town _____

Postcode _____ Phone Number _____

Fax Number _____ E-mail Address: _____

Business Activity/Nature of Business (please specify _____)

Annual Turnover _____ No. Employees _____ No. of Branches _____ No. of years in business _____

Estimated Monthly Credit required _____ VAT Registration No _____

I/We request you to open a Credit Account in the name of: _____

With a Proposed Credit Limit of (inc VAT): _____ per month

Method of Payment :

Cheque

Standing Order (fixed fee)

BACS

Other

Bank Details

Name _____

Sort Code _____ Account Number _____

Contact for Payment

Name _____

Position _____

Tel No. _____ Fax No. _____

Trade References

I/we authorize you to take up references at any time from the under mentioned bank and trade sources (we will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.

1. Company Name _____ Contact Name _____

Full Address _____

Tel Number: _____ Fax _____

2. Company Name _____ Contact Name _____

Full Address _____

Tel Number: _____ Fax _____

Details of Owners/ Partners/ Directors (please delete as appropriate):

1. Name _____

Home Address _____

2. Name _____

Home Address _____

3. Name _____

Home Address _____

We have read understood and retained a copy of your conditions of sale (including the retention of title clause) and agree to trade in accordance with these for any goods supplied. We accept that title to all goods supplied to us will remain vested in Professional Hygiene Limited until all amounts outstanding from us on any account have been paid in full to Professional Hygiene Limited.

I/We also agree to comply with your settlement terms of 30 days from date of invoice

I attach a sample of my/ our headed paper with this form.

Name : _____ Signature: _____

Position in Company: _____ Date: _____

Directors: Mr PC Tippins
Mrs SL Tippins
Company Reg: 6035053