



Head Office Address:
Opal Court, Lorwy House, Moseley Road
Fallowfield, Manchester. M14 6ZT
Tel. 0161 224 4600 - Fax: 0161 224 7200

Account Application Form – Please fax back!

Full Trading Title	If limited Co Registered office address:
Trading Address
.....
.....Post CodePost Code
Tel: Fax:	Year of incorporation: Corporate No:

What is your main activity:

Name of Director(s) / Partner(s):

Bank Name: Address:

.....Post Code:

Account No: Sort Code:

Name of person(s) responsible for payment of account:

References (please provide names of 2 principle suppliers)

1. Name 2. Name

Tel: Fax: Tel: Fax:

Please state the maximum credit required: £.....

Please indicate where you obtained our company name:

Declaration by credit account.
 Director / Partner / Other (please specify).
 We hereby request you to open a credit account. I being an authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) 30 days from the month end of invoice. I/We appreciate that adherence to this obligation is the essence of the contract between us.

Signed: **Name: (print):** **Date:**.....

Internal Use only :-

Date authorised/...../2007 **Authorised Person**

Date called to notify open/...../2007 **Customer name contacted**

Terms agree Hire Disc% **Lifting Discount**% **Send Catalogue Yes /No**

Sales Representative **Reps signature**