



Head Office Address:  
Opal Court, Lowry House,  
Moseley Road, 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 Code .....Post 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** ...../...../2005 **Authorised Person** .....

**Date called to notify open** ...../...../2005 **Customer name contacted** .....

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

**Sales Representative** ..... **Reps signature** .....