



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