

LIMITED COMPANY TRADE ACCOUNT APPLICATION

Please complete in block capitals and ensure you have provided as much information as possible. If you need any assistance, call us on 01724 853 090 or email us at sales@accesspanels.co.uk

YOUR BUSINESS

Company Name:

Company Address:

Postcode:

Tel No:

Fax No:

Email:

How long have you been trading?

Do you own or rent your premises?

LIMITED COMPANY DETAILS

Company Registration Number:

Date of Incorporation:

VAT Registration Number:

OTHER CONTACTS

Purchasing

Name:

Tel No:

Fax No:

Email:

Accounts

Name:

Tel No:

Fax No:

Email:

BANK DETAILS

Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
Bank Account Number:	<input type="text"/>	Bank Sort Code:	<input type="text"/>

CONDITIONS OF SALE

All payments are due within 30 days from the invoice date.

The goods remain our property until they have been fully paid for. The risk in goods shall pass to you on delivery but ownership will remain ours until your full payment has been received. In the event of non-payment, we shall be entitled to the proceeds of resale in the hands of any Liquidator, Reciever or Trustee of the Buyer.

Please see our website for full terms and conditions.

I / We hereby apply for a Credit Account and if granted, I / We agree to abide by the terms and conditions of the sale as laid out above.

Your Name:	<input type="text"/>	Your Position:	<input type="text"/>
Tel No:	<input type="text"/>	Email:	<input type="text"/>
Signed:	<input type="text"/>	Date:	<input type="text"/>

Please ensure you have filled in as much information as you can.
This form can be returned by post or email using the details provided.



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