



Please complete Section 1 OR 2 as applicable (not both) and Section 3.

SECTION 1 - Limited Companies Only	
COMPANY NAME	
INVOICE ADDRESS (incl. Full Postal Code)	
TELEPHONE NO.	
FAX NO.	
ACCOUNTS PAYABLE EMAIL	
PURCHASING EMAIL (if different)	
ACCOUNTS CONTACT	
PURCHASING CONTACTS	
LIMITED COMPANY REG. NO.	
VAT REGISTRATION NO. (incl. Country Code)	

SECTION 2 - Sole Proprietorships or Partnerships Only	
PROPRIETORS NAME AND TRADING STYLE	
BUSINESS ADDRESS (incl. Full Postal Code)	
TELEPHONE NO	
FAX NO.	
ACCOUNTS PAYABLE EMAIL	
PURCHASING EMAIL (if different)	
PROPRIETOR's / PARTNERS's	
ADDRESS TELEPHONE, AND FAX NUMBERS	
VAT REGISTRATION NO. (Incl. Country Code)	

SECTION 3 - To Be Completed By Everyone

NATURE OF BUSINESS AND YEAR ESTABLISHED		
TRADE REFERENCES - Please give names and addresses of two companies with whom you have a credit account and do regular business		

I/We hereby request that an account be opened for me/us in accordance with the above particulars. I/We agree that all orders given to you, and supplies of goods by you, shall be subject to your Standard Terms & Conditions of Sale and confirm that accounts will be paid in accordance with normal monthly settlement terms.

Date:	Maximum Credit Required: £	Signed:	Name (in capitals):
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IMPORTANT - Please attach a sample of your letterhead when returning this form. We shall inform you of your credit limit by letter, as soon as the information you have provided above has been checked and references have been taken up.