<Compa Tr Full Name: Legal Entity: --Select-Invoice Address: <Town> Tel No: Fax No: Contact Name:

Bank Reference

E-Mail address:

Institution Name:		Instit
Contact Name:		Cont
Address:		Addr
<town></town>	<post code=""></post>	<tov< td=""></tov<>
Telephone No:		Tele
Duration of		Dura
Relationship:		Rela

Trade Reference 1

Company Name:		Com
Contact Name:		Cont
Address:		Addr
<town></town>	<post code=""></post>	<tov< td=""></tov<>
<town> Telephone No:</town>	<post code=""></post>	<tov< td=""></tov<>
	<post code=""></post>	Tele
Telephone No:	<post code=""></post>	

Expected Monthly Sales: £

Agreement to the

- I have read and understood the Compa abide by them
- 2. I am aware that the Company must be
 - Invoice queries or Product qua
 - Faulty products within <<10;
- 3. I confirm acceptance of the Company p (To be signed by an officer of the company

Sig	ın	e	d	٠

Date:

Credit Limit: £ Authorised b

S

A

Company" ion

usiness:

Office:

<Post Code>

(No. of Years):

egistration No:

ation No:

Accountant Details

	Institution Name:	
	Contact Name:	
	Address:	
ode>	<town></town>	<post code=""></post>
	Telephone No:	
	Duration of	
	Relationship:	
1		

Trade Reference 3 (Optional)

	Company Name:	
	Contact Name:	
	Address:	
	_	
ode>	<town></town>	<post code=""></post>
	Telephone No:	
	Telephone No: A/C Open Since:	

t of Credit Required: £

Conditions of Sale

the Supply of Goods and Service and agree to

r queries as follows:

- within <<10>> days of receipt

from date of invoice ee such matters.)

Вe

Customer Advised: