



ACCOUNT APPLICATION FORM

Company Name: _____

Company Start Date / /

Other Trading Names(s): _____

Legal Status (Please Tick)

Public Ltd Company

Ltd Company

Sole Trader

Partnership

Other (please state below)

Credit Limit Applied For: £ _____

Name of: **DIRECTORS / PARTNERS / PROPRIETOR**

Company Reg No: _____

Registered Company Address: _____

Trading Address (if different): _____

VAT Registration Number: _____

Telephone No: _____

Trade References:

Facsimile No: _____

1. Company Name.....
 Company Address:

 Tel No.

2. Company Name:
 Company Address:

 Tel No.....

3. Company Name:
 Company Address:

 Tel No.....

Email Address: _____

Payment Method Preferred: **BACS / CHEQUE**

Bank Name & Address:

.....

.....

Account Number:

Sort Code:

Signature of Applicant: _____

Date: _____

Signature of Co-Aplicant: _____

Date: _____

Position (s): _____

PLEASE NOTE:
 For agreed accounts all invoices are to be paid within 30 days from the date of the invoice. Accounts which exceed their credit terms, will be placed on hold and no further goods or services will be supplied. If payment remains outstanding legal action will be taken to recover the debt. By signing this form you agree to our terms and conditions a copy of which is available upon request.

Contact Email : sales@heatpumpcentral.co.uk
