For an immediate response, photocopy and complete this charge account application form, then fax it to us on the number shown below.

Date		
Company name		
Main business activity		
Accounts contact		Buyer's name
Limited Company?	Yes □	No ☐ If yes, Company Registration No
Sole Trader/Partnership?	Yes □	No □ If yes, name(s) of owner(s)
VAT number		Date established
Business address		
		Post Code
Telephone number		Fax number
E-mail address		
Accounts Department e-ma	il address .	
Invoice address (if different)		
		Post Code
supplement	ary i	
Trade Ref 1		nformation
Trade Ref 1 Trade Ref 2 Bank name and address		nformation
Trade Ref 1		nformation
Trade Ref 1 Trade Ref 2 Bank name and address		nformation Post Code
Trade Ref 1 Trade Ref 2 Bank name and address Credit limit required (approx declaration l/We accept that all orders p	c 2 months'	nformation
Trade Ref 1	olaced will to	nformation

fax this form to 0191 521 3222