

Please fax back on **02476 694183**

**COMPANY NAME:**

Address:

Post Code:

Tel no:

Fax no:

Trade References: (including Contact and Tel/Fax no's)

1.)

2.)

**BANK DETAILS**

Name:

Address:

Sort Code:

Account no:

Company registration No:

VAT no:

Anticipated Monthly Turnover £

Credit Limit Requested£

Payment Terms:

Customer Signature:

Name:

Position:

*A COPY OF THE LETTERHEAD MUST BE ATTACHED TO THIS PROPOSAL. IN RESPECT OF PARTNERSHIPS PRIVATE ADDRESSES MUST BE GIVEN TOGETHER WITH THE PARTNERS NAMES.*

Proposed by:

Date:

Signature:

*ALL ORDERS ARE SUBJECT TO OUR TERMS AND CONDITIONS, WHICH ARE AVAILABLE ON REQUEST.*

**OFFICE USE ONLY**

Credit Limit Input£

Authorised:

Date:

Infocheck Credit Limit:

Authorised:

Date: