

Application to Open a Trading Account	
Company Name	
If Sole Trader, please give Name of Trader	If Partnership, please give names of Partners
Address	
Postcode	
Invoice Address (if different from above)	
Postcode	
Telephone No	Fax No
VAT Registration No	Company Registration No
Date Established	Monthly Credit Limit Required £
Email Address	
Website Address	
Accounts Contact Name	Accounts Telephone No
Accounts Email Address	
Nature of Business	
Bank Name, Address & Tel No.	
Trade Reference (Name, Address, Tel No.)	Trade Reference (Name, Address, Tel No.)
Please Enclose your official Letterhead or Compliment Slip ☐ (please tick)	

I/We agree to pay each Invoice in full, 30 days from the date of the Invoice.

Name & Position **Date** / /

Signature

NATIONWIDE DELIVERIES OF PALLETISED PRODUCTS

All goods stored subject to UKWA Conditions of Storage, copies of which can be obtained upon request.
All goods carried in accordance with RHA Conditions of Carriage, copies of which can be obtained upon request.

Please note an account will only be opened following successful completion of all relevant credit checks.

Office Use R.Card.....Haz/NonAdr.....Map.....S/C.....F/S.....IssuedBy.....
