

ACCOUNT APPLICATION FORM

Attn:	Date	
Company Details		
Common Name		
Company Name		
Company Reg No		
V.A.T. Number		
Registered Office Address		
Credit Limit Request	£	
Delete as Applicable	(Sole Trader) (Partnership) (Ltd Co) (P.L.C)	(Other)
Owners Name and		
Address (if not Ltd		
Company)		
Trading Name & Address		
(Inc. Post Code)		
Telephone Number		tal
·		
Email address for Order Ackno	owledgement	C T 1



Accounts Contact details		
Invoice Address		
Telephone Number		
Contact for Payment		
Email address for Invoices		
I -	taUPS payment terms of 30 days from invoice dat the exclusion of others. See terms and conditions	
Signed By		
Please print Name		

Important

Completion of this form does not imply or confirm credit account terms.

CertaUPS reserves the right to refuse credit or trading facilities.

Failure to complete and sign this form above will delay your application.

