## **Account Application Form**

		COMPANY INFORI	MATION			
Company Name			Type Busi			
Invoicing Address						
Postcode						
VAT Registered	☐ Yes ☐ No	VAT No:				
Contact name	7		Telephone			
Email						
ACCOUNT INFORMATION						
Authorised caller	S		Passwo	<mark>rd (opt</mark> ional)		
			Maximu	<mark>ım</mark> cre <mark>d</mark> it req	uired £	
ONLINE BOOKING REGISTRATION						
Username		1				
Password						
PAYMENT INFORMATION						
Our sales accounts are factored by Lloyds TSB Commercial Finance. Cheques can be sent to them at: PO Box 10484						
Harlow						
CM20 9GY						
England						
BACs payments t	0:					
Sort Code 30 00 00						
Account No 00232793						
Please remember to quote the invoice number on all payments						
_ · · · · · · · · · · · · · · · · · · ·						
		AUTHORISAT	ION			
Authorised signa	atory only to comple					
I/We hereby requ	I/We hereby request to open a credit account. I/We agree by your credit terms which require payment within thirty					

days of invoice date and agree to a 5% admin charge on all invoices.