



ACCOUNT APPLICATION FORM

Company Name:	Company Start Date / /
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Other Trading Names(s):

Legal Status (Please Tick) <input type="checkbox"/> Public Ltd Company <input type="checkbox"/> Ltd Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please state below) -----	Credit Limit Applied For: £	Name of: DIRECTORS / PARTNERS / PROPRIETOR
	Company Reg No:	
	Registered Company Address:	Trading Address (if different):

VAT Registration Number:	Telephone No:
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Trade References:	Facsimile No:
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1. Company Name..... Company Address: Tel No. 2. Company Name: Company Address: Tel No..... 3. Company Name: Company Address: Tel No.....	Email Address:
	Payment Method Preferred: BACS / CHEQUE
	Bank Name & Address: Account Number: Sort Code:

Signature of Applicant:	Date:
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Signature of Co-Applicant:	Date:
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Postion (s):

Contact Email : info@pipecentral.co.uk

PLEASE NOTE:
 For agreed accounts all invoices are to be paid within 30 days from the date of the invoice. Accounts which exceed their credit terms, will be placed on hold and no further goods or services will be supplied. If payment remains outstanding legal action will be taken to recover the debt. By signing this form you agree to our terms and conditions a copy of which is available upon request.