

## Accounts Application Form for Supply of Goods (Consumables)

COMPANY DETAILS	
Company Name and Address:	Delivery Address (if different)
Registered Name & Address (if different)	Type of Company:
	<input type="checkbox"/> Limited <input type="checkbox"/> PLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other please specify) .....
Company Registration No.	VAT No.
Website Address:	Date Established:
CONTACT DETAILS	
Purchasing Contact Name & Telephone No.	Purchasing Email:
Accounts Payable Contact Name & Telephone No.	Accounts Payable Email:
<p>Please note: As a Training Provider, payment for any goods supplied to new customers must be paid for in advance. The first 6 months will be a cash account only. Thereafter 14 day payment will apply, depending on credit status.</p>	
<p>If 14 day payment expires without a prior arrangement, a penalty charge, interest and legal action may be incurred.</p>	

*I/We certify that all the above details are true and correct. I/We hereby request you to open an account.  
I/We have read your terms and conditions of sale and accept them as a basis for trading.*

Name: ..... Signature: .....

Position: ..... Date: .....