



APPLICATION FOR ACCOUNT

I/WE MAKE THIS APPLICATION TO OPEN AN ACCOUNT WITH CARDIFF GALVANIZERS (1969) LTD. I/WE UNDERSTAND THAT YOUR CREDIT TERMS ARE THAT PAYMENT IS DUE PROMPTLY WITHIN 30 DAYS FROM THE DATE OF INVOICE AND THAT IF GRANTED CREDIT, I /WE AGREE TO PAY IN ACCORDANCE WITH THESE TERMS. I/WE ACKNOWLEDGE AND ACCEPT THE CONDITIONS UPON WHICH WORK IS UNDERTAKEN DETAILED ON THE FOLLOWING PAGES.

COMPANY DETAILS

NAME	
POSITION	
SIGNATURE	

COMPANY NAME						
COMPANY REGISTRATION NUMBER						
VAT REGISTRATION NUMBER						
CREDIT LIMIT REQUIRED						
HOW LONG ESTABLISHED						
NATURE OF BUSINESS						
PREMISES	RENTED		LEASED		OWNED	



INVOICE ADDRESS

ADDRESS	
POSTCODE	
TELEPHONE	
FAX	
EMAIL	

REGISTERED OFFICE (LIMITED COMPANIES)

ADDRESS	
POSTCODE	
TEL	
FAX	
EMAIL	



REFERENCES

PLEASE GIVE NAMES AND ADDRESSES OF TWO FIRMS SUPPLYING TO YOU MATERIALS ON CREDIT TO THE EXTENT REQUESTED AND WHO CAN BE APPROACHED FOR REFERENCES.

A		B	
COMPANY NAME		COMPANY NAME	
ADDRESS		ADDRESS	
POSTCODE		POSTCODE	
TELEPHONE		TELEPHONE	
FAX		FAX	
EMAIL		EMAIL	

BANK DETAILS

PLEASE GIVE DETAILS OF YOUR BANK
AND ALSO PROVIDE AN UP TO DATE BANK REFERENCE/ STATEMENT.

BANK NAME	
BANK ADDRESS	
POSTCODE	
SORT CODE	
ACCOUNT NUMBER	