

Company Type ☐ Sole Trader ☐ Limited Company ☐ Partnership ☐ Charity ☐ Other

Company Registration Number:

Company Name:

Trading Name:

Date established: (MM/DD/YY)

VAT Number:

Registered Company Address (use companies house address)

Street address:

City:

Country: United Kingdom

Post Code:

Invoice Address

Street address:

City:

Country: United Kingdom

Post Code:

Email address: (accounts payable):

Telephone no (accounts payable):

Company contacts

Website address:

Telephone number (general):

Apply for credit account

30 days payment terms ☐ Yes ☐ No (Pay as you go)

Are we required to have your purchase order number, or reference number clearly stated on our invoices? ☐ Yes ☐ No

Turnover annual estimated £

☐ *I agree to the [Terms and Conditions](#) and have read the cancellation clauses.

Full Name

Position:

Date: DD/MM/YY