

HOSEFLEX

L I M I T E D

Account Application Form

AMOUNT OF CREDIT REQUIRED:

Trading Name:

Trading Invoice Address:

Telephone No:

Fax No:

e-mail:

Do you insist on Order Nos?

Yes / No

Statement Address if different:

Date Company Established:

Company Status: Limited / Partnership / Sole Trader / Other (please state)

Registration NO: Mandatory for Limited Companies

VAT No:

Registered Office:

If Sole Trader/Partnership, state FULL names of Proprietors/Partners, Home Address & Post Code:

Is your company a member a larger group?

Yes / No

If yes, state group:

Contact Details:

Accounts Name; Position/Title; Direct Tel:

Sales Name; Position/Title; Direct Tel:

Bank Details: Address:

Account No:

Sort Code:

Do you pay by BACS?

Yes / No

Continued on Page 2

Trade References: (1)

Company,
Address & Tel No

(2)

Terms & Conditions of Credit Account:

1. All accounts are payable by the end of the month following invoice date unless agreed terms are applied.
2. We reserve the right to charge interest and costs under The Late Payment of Commercial Debts (Interest) Act 1999.
3. Risk in goods will pass upon delivery but ownership of goods will pass only when payment has been received in full.
4. Invoice queries must be notified to ourselves in writing within 14 days from invoice date.
5. We reserve the right to amend the credit facilities offered to you or withdraw the facilities at any time.

Signed By:

Position:

Print Name:

Date:

Do you have any specific requirements?

Office Use: Limit Authorised: £

Customer advised date:

Account Authorised:

Please Fax to Hoseflex Ltd – 01284 717002

Or post to: Unit 6, Chamberlayne Rd, Moreton Hall Ind Estate, Bury St Edmunds, Suffolk IP32 7EY