



Account application

Company Name:

Nature of Business:

Website: _____

Estimated Monthly Spend:

Company Registration Number:

Address:

Postcode:

Contact name:

Telephone:

Out of Hours Mobile:

E-Mail:

By signing my name below I declare that all of the above information is true and I confirm that all invoices will be paid within 28 days of the invoice date.

Authorised signatory:

Print name:

Date:

All claims or queries regarding invoices must be made in writing within 14 days of invoice date. All business is in accordance with the company's terms and conditions of trading