

CREDIT ACCOUNT APPLICATION FORM

Please complete **both** pages of this form and return it:

- by fax to +44 (0)1252 510990
- or by email to sales@medfor.co.uk
- or by post to Medfor Products Limited, Unit 2, Gresham Industrial Estate, Eastern Road, ALDERSHOT, GU12 4YD.

Part A - To be completed by all customers.

Trading Name:

Registered Name: (if different)

Trading Address:

.....

.....

..... Post Code:

Tel: Fax:

Invoice Address (if different):

.....

.....

..... Post Code:

Contact Name (in accounts dept.):

Position:

Telephone No.: Fax No.:

Date company / firm established:

Bankers Name and Address:

.....

..... Post Code:

Account No.: Sort Code:

Part B - For limited companies only.

Registered Office Address:

.....

..... Post Code:

Registration No.:

Holding Company (If any):

Date of Incorporation:

Part C - For sole traders or partnerships only.

Full names and private addresses of proprietor or partners:

1. Name: Position:

Address:

.....

2. Name: Position:

Address:

.....

3. Name: Position:

Address:

.....

Part D - For all customers.

Names and addresses of two trade references:

1. Business Name:

Address:

.....

Tel. No.: Fax No.:

Contact Name (preferably in accounts dept.):

Job Title of Contact:

2. Business Name:

Address:

.....

Tel. No.: Fax No.:

Contact Name (preferably in accounts dept.):

Job Title of Contact:

Declaration

On behalf of the Applicant, I/we state that I am/we are duly authorised to sign this Application and make the following declaration.

1. All particulars herein are correct to the best of my/our knowledge, information and belief.
2. I/we have noted in particular that **payment terms are 30 days net from date of invoice** and that title of any goods does not pass until all monies due on the account have been paid.

Signed: Full Name:..... Position:..... Date:.....

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