



CREDIT ACCOUNT APPLICATION FORM FOR LIMITED COMPANIES / PLC'S

Please print this form, complete the relevant information required below and either scan and email, fax or post back to us. Please complete the following form in block capitals and ensure the form is signed having read our terms and conditions, available at www.allvalves.co.uk

Fax Number : 01684 560977 Email: sales@allvalves.co.uk

Company Name:	
Trading Name (if different to the above):	
Company Registration Number:	
VAT Registration Number:	
Trading Address:	
Post Code:	
Tel No:	
Fax No:	
Contact Name:	
Job Title:	
Email:	
Statement Address (if different to the trading address)	
Post Code:	
Tel No:	
Fax No:	
Contact Name:	
Job Title	
Email:	
Bank Sort Code:	
Bank Account No:	
Bank Account Name:	

Please note that all invoices are due for payment within 30 days from the end of the month of invoice, and that by completing this form you agree to these payment terms. References may be required.

Signed:	Print Name:	Position:	Date: