



NEW CUSTOMER ACCOUNT APPLICATION

COMPANY DETAILS

Full Company Name:

Trading Name (if different):

Type of Company: (Please tick) [] Limited Company [] PLC [] Government Dept/Institution/Professional Body [] Partnership [] Sole Trader [] Other - Please state:

Company Registration Number: VAT No: Established:

Nature of Business: No of employees:.....

Do you have a parent holding company? If so, please give details:

Company Name:

Holding Company Registration Number:

BUSINESS ADDRESS DETAILS

Address:

.....

..... Post Code:

Tel (inc STD): Fax (inc STD):

Please complete any delivery information (ie Gate No. working hours etc):

.....

Do you wish goods to be supplied against Official Order only? (Please tick) Yes No

Form with sections: ADDRESS FOR INVOICE (if different from above): Address: Post Code: Tel (inc STD): Fax (inc STD): E-mail address: ADDRESS FOR STATEMENTS (if different from above): Address: Post Code: Tel (inc STD): Fax (inc STD): E-mail address:

WHO IS YOUR PURCHASE/BOUGHT LEDGER CONTACT? Please complete their full name below:

Mr/Mrs/Miss/Ms Tel No (inc extension):

BANK DETAILS

Bank/Building Society Name: Bank Account No:
 Account Name: Bank Sort Code:
 Bank Address:
 Postcode:
 Method of payment (please tick): Cheque BACS - full details will be sent to you
 Anticipated Monthly Purchases (please tick): £250+ £500+ £1000+ £2000+ £5000+

TWO INDEPENDENT TRADE REFEREES

TRADE REFERENCES:

Contact Name: Company Name: Address: Postcode: Tel (inc STD): Fax (inc STD):	Contact Name: Company Name: Address: Postcode: Tel (inc STD): Fax (inc STD):
---	---

PROPRIETOR'S OR PARTNER'S DETAILS

In case of sole traders or partnerships, this section must be completed:

Contact Name: Company Name: Address: Postcode: Tel (inc STD): Fax (inc STD):	Contact Name: Company Name: Address: Postcode: Tel (inc STD): Fax (inc STD):
---	---

AUTHORISED BY

In consideration of Phoenix Hull Limited ('the Company') agreeing to open a monthly Credit Account

I / We

being the authorised person(s) of

('the Customer') agree that all transactions of sale will be conducted within the Conditions of Sale stated overleaf.

(Please pay particular attention to our Payment Terms and Retention of Title Clauses). Company letterhead enclosed.

Please note: We may use the information you provide to make a search with a credit reference agency, which may keep a record of that search. In the case of a limited company we may also make enquiries with a credit reference agency about the principal Directors of that company.

Signature(s) Date:
 (If a Partnership, all Partners should sign)

Full Name(s) in block capitals:

Job Title: Department:

When completed, forward this form with a copy of your letterhead to:

**Phoenix Hull Limited, Charrington Park, West Carr Lane, Sutton Fields Industrial Estate, Hull HU7 0BW
 Tel: 01482 826252 Fax: 01482 826353 E-mail: info@phoenix-hull.co.uk**