



NEW CUSTOMER ACCOUNT FORM

Business Name:

Trading Status e.g. Ltd Company, Partnership, Sole-trader

Company Reg. Number:

Vat Reg. Number:

Registered Office Address:

Trading Name: (If Different to Business Name)

Trading Address: (If Different to Registered Address)

Delivery Address: (If Different to Trading Address)

Contact Name:

Accounts Contact:

Tel Number:

Tel Number:

Fax Number:

Fax Number:

Mobile Number:

Mobile Number:

Email Address:

Email Address:

Credit Limit Requested:

**Payment Terms: ACCOUNTS MUST BE PAID BY THE 15TH DAY OF THE MONTH FOLLOWING SUPPLY
OTHERWISE FURTHER SUPPLIES WILL BE WITHHELD**

Details of Principals (Directors, Partners, Proprietors.)

Name:

Position:

Address:

Details of Principals

Name:

Position:

Address:

BANK DETAILS

Bank Name:

Account Number:

Address:

Sort Code:

DELIVERY DETAILS

Earliest delivery:

Latest delivery:

Door stepping? YES / NO

Key: YES / NO

Delivery instructions: (as much detail about location and other details)

I/We have read the Terms and Conditions of sale and fully accept them as the terms that will apply to any orders placed with Frank H Mann (Torquay) Ltd. I/We understand that no variance of these terms will apply without written authority from a Director of Frank H Mann (Torquay) Ltd. I/We agree that by signing this form, I/We give the authority to approach a third party to carry out the appropriate credit checks.

Name:

Position:

Signature:

(As an authorised signatory for the business this application form applies to.)