



HYGIENE FOR HEALTH

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 Manchester
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NEW ACCOUNT FORM

Company Name:	
Invoice Address:	Delivery Address (if different from opposite)
Post Code:	Post Code:
Contact Name:	Contact Name:
Tel:	Tel:
Fax:	Fax:
E-mail:	E-mail:

Type of Business (tick where applicable)	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Individual Trading As <input type="checkbox"/>
If limited please state your company name if different from above:			
How long has your organisation been trading:			

Director / Partner / Proprietor Name:	Director / Partner 2 Name:
Home Address:	Home Address:
Post Code:	Post Code:

Please state the Name of your Main Bankers:	
Address:	Account Number:
	Sort Code:
Post Code:	

Please give two Trade References:	
Contact 1:	Contact 2:
Address:	Address:
Post Code:	Post Code:
Tel:	Tel:
Fax:	Fax:
E-mail:	E-mail:

I/We hereby apply for a credit account. I/We confirm that the information provided is accurate and undertake to inform you of any changes. I/We have read and agree to abide by the Terms and Conditions of Sale as stated overleaf.

Authorised Signatory:	Date:
Print Name:	Position in Organisation:

Internal Use only:			
TR1 <input type="checkbox"/>	A/c No.:	<input type="text"/>	
TR2 <input type="checkbox"/>	Approved:	<input type="checkbox"/> <input type="checkbox"/>	Init: <input type="text"/>
Rep# <input type="checkbox"/>	Date:	<input type="text"/>	