



HYGIENE FOR HEALTH

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NEW ACCOUNT FORM

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

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

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

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

Please give two Trade References:
Contact 1:
Address:
Post Code:
Tel:
Fax:
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:
Print Name:
Date:
Position in Organisation:

Internal Use only:
TR1
TR2
Rep#:
A/c No.:
Approved:
Date:
Init: