

ACCOUNT APPLICATION FORM

CUSTOMER NAME		TRADE NAME (If different)	
INVOICE ADDRESS			
<i>Postcode</i>			
TELEPHONE NO.		FAX NO.	
E-MAIL ADDRESS		WEBSITE	
DELIVERY ADDRESS			
<i>Postcode</i>			
TELEPHONE NO.		FAX NO.	
BUSINESS STRUCTURE (Please tick)	<input type="checkbox"/> Company	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership
DIRECTORS OR PARTNERS			
NAME	ADDRESS	TELEPHONE NO.	
1.			
2.			
3.			
DATE BUSINESS BEGAN	VAT NUMBER	COMPANY REG. NO.	
NAME OF PURCHASING CONTACT		NAME OF ACCOUNTS CONTACT	
BANK NAME		BRANCH	
ACCOUNT NUMBER	SORT CODE	BANK TELEPHONE NUMBER	
TRADE REFERENCES			
1. COMPANY		CONTACT	
ADDRESS			
TEL NO.		FAX NO.	

2. COMPANY		CONTACT	
ADDRESS			
TEL NO.		FAX NO.	
Payment Term: Invoice to be paid Immediately Terms & Conditions found on our website http://www.qdoseventhire.co.uk/			
SIGNED		DATE	
NAME		TITLE	

Please send via email jay@qdoseventhire.co.uk