

## **Limited Company Account Application Form**

Please complete this form by hand using block capitals. Please attach a copy of your letterhead when returning the form. By signing this form, you confirm that all information supplied is correct.

Company Name	
<b>Company Registration Number</b>	
Invoice Address	
Postcode	
Account Contact Name	
Account Telephone Number	
E-Mail Address	
Website Address	
Nature Of Business	
Date Of Formation	
Number Of Employees	
Main Property	Freehold or Leasehold
V.A.T.Number	
Credit Limit Required	£
Are Order Numbers Required	
Branch Address (if different)	
Postcode	
Branch Contact Name	
Branch Telephone Number	

Name Of Person Completing Form	
Signed	
Date	