

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	
Company Registration Number	
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	