

A BAILLIE (HYGIENE) & CO.

WATER STREET, KETTERING, NORTHANTS, NN16 0JR

TEL: 01536 519048

FAX: 01536 417892

EMAIL: enquiries@abailiehygiene.co.uk

CUSTOMER ACCOUNT APPLICATION FORM

Please complete this form with up to date information and return to A Baillie (Hygiene) & Co along with a sheet of your letter headed paper.

COMPANY NAME _____

REGISTERED OFFICE ADDRESS _____

POSTCODE _____

INVOICE ADDRESS (IF DIFFERENT) _____

POSTCODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

EMAIL _____ WEBSITE _____

NATURE OF BUSINESS _____

BUSINESS STRUCTURE (please tick) Company Sole Trader Partnership

VAT NUMBER _____ COMPANY REGISTRATION NO. _____

MONTHLY CREDIT REQUIRED £ _____ FOR 30 DAYS CREDIT TERMS

BANK NAME _____

BANK ACCOUNT NUMBER _____

BANK SORT CODE _____

BANK ACCOUNT NAME _____

TRADE REFERENCES

1.) COMPANY _____
ADDRESS _____
CONTACT _____
TELEPHONE NUMBER _____

2.) COMPANY _____
ADDRESS _____
CONTACT _____
TELEPHONE NUMBER _____

I certify that the above information is correct at the time of completion.

SIGNATURE _____

POSITION _____

(Signed by an authorised officer of the Company)

PRINT NAME _____

DATE _____