



Unit 6, Drake Court
 Britannia Park
 Middlesbrough TS2 1RS
 United Kingdom
 P: +44 (0) 1642 232880
 F: +44 (0) 1642 232870

ACCOUNT APPLICATION FORM

DATE: _____

COMPANY: _____

FULL INVOICING ADDRESS: _____

TEL: _____

FAX: _____

EMAIL: _____

PURCHASING CONTACT: _____

ACCOUNTS CONTACT: _____

NUMBER OF YEARS TRADING: _____

VAT NUMBER: _____

TRADE REFERENCES

1) COMPANY ADDRESS:

TEL: _____

2) COMPANY ADDRESS:

TEL: _____

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