

SALES AND SERVICE OF HIGH-QUALITY PRESSURE WASHING EQUIPMENT

UNIT 4 LUCKNOW ROAD, WALKER LINES IND EST, BODMIN, CORNWALL PL31 1EZ

Customer Credit Account Application

Your Company:

Company name:						
Address:						
5						_
Postcode:		Invoices to this address				
Main telephone #:					Years trading	
Main fax #:		Credit limit requested:				
Nature of business:						
Type of co		Sole Trader \square	Partnership D Lii		Limited compa	
Company registration #:					VAT #	:
Head office address/						
registered office address						
(if different)						
,						
Postcode:		Invoices to this address \square				
Main contact name:						
Job title:						
Email:						
Telephone #:		Fax #:				
		•		\ !	•	
Accounts contact:						
Job title:						
Email:						
Telephone #:		Fax #:				
References:						
Reference 1				Refere		
Company name				Com	pany name	
Address:					Address:	
Deates de						
Postcode: Telephone #:				T -	Postcode:	
Fax #:				16	elephone #:	
Contact name:				Cor	Fax #:	
Contact name:				Cor	nact name:	

Ref: PPT/

