

Homepack Ltd

APPLICATION TO OPEN A CREDIT ACCOUNT

FULL TRADING NAME _____

IS THE COMPANY A LIMITED CO./PARTNERSHIP Please Specify _____

NAMES OF PARTNERS (IF PARTNERSHIP) _____

REGISTERED OFFICE ADDRESS _____

POST CODE _____ PHONE NO _____ FAX NO _____

COMPANY REGISTRATION NO _____ DATE REGISTERED _____

TRADING ADDRESS IF DIFFERENT FROM ABOVE _____

POST CODE _____ PHONE NO _____ FAX NO _____

CONTACT NAME _____

NATURE OF BUSINESS _____

DO YOU REQUIRE DELIVERY TO BE BOOKED IN **YES/NO** FORK LIFT OFF **YES/NO**

EARLY CLOSING DAY _____ ALL DAY/HALF DAY

PLEASE SUPPLY TWO TRADE REFERENCES.

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

POST CODE _____ POST CODE _____

TEL NO _____ TEL NO _____

FAX NO _____ FAX NO _____

PLEASE SUPPLY BANK DETAILS.

BANK _____

BRANCH ADDRESS _____

ACCOUNT NO _____ SORT CODE _____

PLEASE ENCLOSE A COPY OF YOUR LETTER HEADING