

Account Application Form

Company Details	
Name	
Legal status (Plc, Ltd, Sole Trader, Partnership)	
If Partnership/Sole trader no. of years trading	
VAT registration number	
If Plc/Ltd Registered number	
Contact name	
Contact telephone	
Contact fax	
Contact email	

Company registered office address	
Line 1	
Line 2	
Line 3	
Town	
County	
Postcode	

Billing/Invoice address	
Line 1	
Line 2	
Line 3	
Town	
County	
Postcode	
Accounts email address	
Accounts telephone number	

Bank details	
Bank name	
Sort code	
Account name	

Credit limit requested	
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Please note our standard terms of payment 30 days.
Please email to info@triptex.co.uk

Signed _____ Position _____

Name _____ Date _____