



NEW CUSTOMER ACCOUNT APPLICATION FORM

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|---|---|---------|
| Practice Name: | | |
| Practice Address: | Delivery Address (if different): | |
| | Special Instructions: (e.g. specific closing times) | |
| Tel No. | Fax No. | E-Mail. |
| Registered Office: | | |
| Business Type: (i.e. Sole Trader / Limited Company) | Registration No. (If Limited Company) | |
| Business Services: (i.e. NHS, Private, Denplan) | | |
| Full Names of Directors/Partners: | | |
| Home Address If Not Limited Company: | | |
| Name(s) Responsible for Payment: | | |
| Agreed Credit Limit: £1000.00 per month | | |
| Name & Address Of Bank: | | |
| Account Name: | | |
| Account Number: | Sort Code: | |
| I/We Agree To Abide By The Terms And Conditions Of Sale (reverse of price list), Which I/We Accept. | | |
| Signed: | Date: | |
| Name (Block Capitals) | | |
| Position: | | |
| For and on Behalf of: | | |