

## **Account Opening Form**

Name of company	Type of Business
Address	Structure of Organization – e.g. Sole proprietor, Partnership, Co-operative, Private Ltd Co, Plc, Etc.
Post Code	
Telephone No	Type of premises e.g. Office, Shop Factory, Warehouse
Registered Name (if different)	Name of department where accounts are paid from
Registered Office Address	Address
Post Code	Post Code
Company Registration No	Telephone No
VAT Registration No	Name of contact
Credit/Debit Card Details  Name: Card No: Expiry date: Valid from: Security code: Issue No:	Please state any special purchase conditions or procedures
Credit required per month  Up to £1000.00 £5000.00 £10,000.00 or Over	Settlement method, e.g. Credit Card, Cheque Or BACS
Bank Details	<u>Authorisation</u>
Name	Name & job title of authorised persons to place orders on your behalf
Address Post Code	1 2 3 4 All employees of the company
Account No Sort Code	Name of signatory  Job title
Please check if the above information is correct and sign in the box opposite and return this form in the stamped addressed envelope.	Signature Date / /