

# HOLLOSEAL

The Glass Experts

## ACCOUNT APPLICATION FORM

**ALL SECTIONS MUST BE COMPLETED- PLEASE EMAIL COMPLETED FORM TO SARAH@HOLLOSEAL.COM**

Trading Name: _____	Address of registered office (if different): _____	Co Reg no: _____
Trading Address: _____	_____	VAT no: _____
_____	_____	No of years of trading: _____
Tele no: _____	Directors names: _____	
Fax no: _____	_____	
Invoicing address (if different): _____		

**Buyer contact details:**

Name: \_\_\_\_\_ Telephone no: \_\_\_\_\_ Fax no: \_\_\_\_\_

Email address: \_\_\_\_\_

**Accounts/payment contact details:**

Name: \_\_\_\_\_ Telephone no: \_\_\_\_\_ Fax no: \_\_\_\_\_

Email address: \_\_\_\_\_ (this is required as we send all invoices by email)

**Bank reference authorisation:**

Bankers name: \_\_\_\_\_ Sort code: \_\_\_\_\_ Account no: \_\_\_\_\_

Banker's address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

**Please supply two trade references that will support credit facility required:**

Name	Name
Address	Address
Postcode	Postcode
Tel No	Tel No
Fax No	Fax No

**Credit limit required: £** \_\_\_\_\_

We the Directors request a credit trading account with Holloseal Ltd and authorise their investigation of our credit status. We the Directors acknowledge receipt of a copy of the current terms & conditions and agree to such terms and any amendments to these terms as may appear from time to time on the reverse of delivery note and/ or our website [www.holloseal.com](http://www.holloseal.com) . We also acknowledge that Holloseal Ltd terms and conditions prevail and no other T&C's will be applied.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

**This form must be signed by a Director of the company.**

**Holloseal Ltd, Chettisham Business Park, Lynn Road, Ely CB6 1RY**