



BATHROOMS - PLUMBING & HEATING

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PLUMBSTOP LTD - CREDIT ACCOUNT APPLICATION FORM

Name of Applicant			
Full Company Trading Title			
Full Address			
Post Code			
Telephone (Incl STD)			
Fax No			
Mobile			
Email (SEE BELOW)			
IF YOU WOULD PREFER YOUR INVOICES/CREDIT NOTES AND STATEMENTS EMAILED PLEASE TICK BOX			
Limited Co Registration Number		Date of Incorporation	
Names of Directors		Director (1)	
		Director (2)	
		Director (3)	
Length of Time Trading			
VAT Registration No			
Registered Office Address			
Bankers Address			
Account Number		Sort Code	
Trade Reference (1)		Trade Reference (2)	
Telephone No		Telephone No	
Maximum Credit Required			
Name of Person responsible for account payment			
<p>I, _____ (print name)</p> <p>Authorise Plumbstop Limited to obtain a bank reference with regards to opening a credit account.</p> <p>**By requesting account facilities you or your company agree to be bound by Plumbstop's terms and conditions of sale (copies available upon request). Please tick box to acknowledge this notice **</p>			
Signed		Date	
PLEASE ATTACH 2 PROOFS OF ADDRESS - BUSINESS LETTERHEAD/ UTILITY BILLS/DRIVING LICENCE/COUNCIL TAX ETC.			
Office Use	Opened	HSBC A/c	Limit
	Area	MACE A/c	Salesman