

Credit Account Application Form

enquiries@mtoms.com

Michael **TOMS**
Stationers Ltd.

Fax: 01282 831799

TRADING NAME:	
Invoice Address:	Delivery Address:
Post Code:	Post Code:
Tel:	Tel:
Fax:	Fax:
Email:	Email:

Company Reg. No. _____ VAT No. _____
Are accounts filed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of Business? _____
How long has your company been trading for: _____ years _____ months
No. of Employees: 1-20 <input type="checkbox"/> 20-35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 50+ <input type="checkbox"/>

Purchasing Manager:	Accounts Contact:
Tel:	Tel:
Fax:	Fax:
Website:	Website:
Email:	Email:

Terms:	Credit Requested:
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BANK DETAILS
Bankers: _____
Address: _____
Sort Code: _____ Account No. _____

We wish to open a Credit Account with Michael Toms Stationers Ltd and confirm that the Company information we have given is correct. We understand and agree to Michael Toms Stationers Ltd terms of payment in 30 days. We also understand that Michael Toms Stationers Ltd will carry out any credit checks as necessary.	
Signature: _____	Date: _____
Name: _____	Position: _____