Zygology

Fastening & Assembly Solutions

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PLEASE PRINT THIS FORM COMPLETE THE DETAILS AND FAX BACK TO 01494 474785

CREDIT ACCOUNT APPLICATION FORM

Customer name and address: **PLEASE ATTACH A COMPANY LETTERHEAD WE NEED THIS TO ASSIST WITH OPENING YOUR ACCOUNT** Phone No: Fax No:	Nature of Business: Company Registration No: Registered Office (if different): Ultimate Holding Company:
Bank name and Address:	Phone No:

Trade References – Please supply two trade references from companies who supply you with consumable products and who are in a position to speak for a credit figure comparable with that requested in this application.

TO SAVE TIME PLEASE ENSURE YOU PROVIDE FAX NUMBERS

Trade Reference Name and Address: Phone no: Fax No:	Trade Reference Name and Address: Phone no: Fax No:

Amount of Credit Required: £ per month

PLEASE NOTE THAT A CONDITION OF US GRANTING YOU A CREDIT ACCOUNT IS THAT YOU AGREE TO PAY US BY THE END OF THE MONTH FOLLOWING THE MONTH OF THE INVOICE

Signed on behalf of the above named company by a Director or Senior Accounts Manager.
We agree to pay in accordance with the above terms.

Signed Name Position Date

PLEASE NOTE: Whilst we are happy to receive payment by all normal means, our preferred method is via BACS. If you would like to make payments by this method our bank details are shown below for your use:

Bank Address: National Westminster Bank plc, 33, High Street, High Wycombe, Bucks. HP11 2AJ
Sort Code: 60-11-01 Account No 82751005