

## Safety Factory Account Application Form

FULL TRADING NAME	
NAME & ADDRESSES OF ALL PROPRIETORS (if not Limited)	
TRADING ADDRESS	TEL:
	MOBILE:
	FAX:
POST CODE	EMAIL:

Complete only if different to above address

INVOICE ADDRESS	DELIVERY ADDRESS
POST CODE	POST CODE
ACCOUNTS CONTACT	SALES CONTACT
COMPANY REGISTRATION NO.	VAT NUMBER
NATURE OF BUSINESS	

### DATA PROTECTION ACT:

I/We agree that in order to promote good business practice, the supplier may make searches on our business and/or proprietors through a reputable credit reference agency. I/We confirm that our business and/or individuals trading as the business is/are not under any voluntary arrangement, bankruptcy term or other insolvency arrangement. I/We agree to be bound by the Terms & Conditions of the supplier. A copy of the Terms & Conditions are available on request.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

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

CREDIT LIMIT REQUESTED £ \_\_\_\_\_ Type of Account: Credit 30 days

### FOR OFFICE USE ONLY

Account Number: \_\_\_\_\_ Set Up Date: \_\_\_\_\_

Sales Person: \_\_\_\_\_

**PLEASE FAX BACK TO 0845 124 9501**

Tel: 01733 230 412 sales@safetyfactory.com www.safetyfactory.com

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