

Account Application Form



Company Details

Company Name Co. Reg. No.....
Address VAT. Reg.No.....
.....
Postcode Tel No..... Fax No.....
Delivery Address (if different).....
.....
Invoice Address (if different)
.....

Contacts

Buyer Accounts
Telephone Telephone
E-mail E-mail

Trade References

Company Name
Address
.....
Tel Fax
.....
Company Name
Address
.....
Tel Fax

**PLEASE RETURN THIS FORM
TO VALEADER ADDRESS BELOW**

Valeader Pneumatics
Unit 37 Clifton Road
Cambridge
CB1 7ED
telephone: 01223 248 911 fax:01223 248 922
email: info@valeader.co.uk
www.valeader.co.uk

Credit Requirement

Name of Bank Bank A/C No
Address of Bank..... Bank Sort Code
.....
Credit Limit Required (to nearest £100)

THE TITLE TO ALL GOODS SHALL NOT PASS TO THE BUYER UNTIL ALL MONIES HAVE BEEN RECEIVED IN FULL

SIGNED BY AUTHORISED SIGNATORY IN ACCEPTANCE OF OUR TERMS & CONDITIONS

Signature Print Name Date
Position Telephone
E-Mail

FOR OFFICE USE ONLY

Account No Class No Reseller No
Accepted Credit Limit Date
Area Sales Manager Approved By