

Account Opening Form

Company Details:	
Company Name:	
Trading Address:	
Telephone No:	
Fax No:	
VAT Reg No:	

If a limited company:	
Company Registration Number:	
Resgistered Office Address:	

Invoicing:	
Contact Name:	
Position:	
Address:	
Direct Telephone No:	
E-mail address:	
Is a purchase order required?	

Accounts Payable:	
Contact Name:	
Position:	
Direct Telephone No:	
E-mail address:	
Any procedures we should be aware of for the authorisation of invoices?	

Purchase Order requests (if applicable):	
Contact Name:	
Position:	
Direct Telephone No:	
E-mail address:	

Declaration:			
<i>We hereby apply to open a credit account and understand that payment for services supplied is to be made strictly net Thirty days from date of invoice, unless otherwise agreed in writing.</i>			
Signed:		Name:	
Position:		Date:	

Once completed, please return to accounts@safetygearstore.co.uk. For any queries, please contact Accounts on 0800 678 5708