



NEW ACCOUNT APPLICATION FORM

Company Name:				Company registration No:			
Trading Address:				Registered Address if different:			
Tel:				Fax:			
Accounts Email:							
VAT Exempt:		YES		NO	*If Yes Please attach certificate		
Name & Address of Partner(s)/Directors:							
Purchasing Contact Name:				Accounts Contact Name:			
Credit Limit Required:		€					
Trade References							
Name:				Name:			
Address:				Address			
Tel:				Tel:			
Bank Name				Address:			
Account No:							
Sort Code:							
<p>NB. PLEASE BE REMINDED THAT OUR TERMS AND CONDITIONS OF TRADING ARE <u>30 DAYS</u> NETT MONTHLY UNLESS OTHERWISE AGREED BY THE COMPANY IN WRITING. DELIVERY DATES CANNOT BE CONFIRMED UNTIL CREDIT REFERENCES ARE RECEIVED.</p> <p>Please return this form with a copy of your letterhead to Craftpak Ltd.</p>							
Signed:				Date:			