

# ACCOUNT APPLICATION FORM

Please complete and return this form to [accounts@theedgesystems.co.uk](mailto:accounts@theedgesystems.co.uk)

Full Trading Name:	
Invoices Address:	
Postcode:	
Web Address:	
Company Reg No.:	VAT Reg No.:

Accounts Contact:	Tel Number:
Email Address:	

Main Contact:	Tel Number:
Email Address:	

Delivery Address (if different):
Postcode:

**PLEASE NOTE THAT OUR PAYMENT TERMS ARE 30 DAYS NETT MONTHLY AND THAT TITLE IN GOODS SUPPLIED REMAIN WITH US UNTIL ALL GOODS ARE PAID FOR.**

I have read and understood your terms and conditions of trade and agree to be bound by them

Signed:	Print Name:
Position:	Date:

For Internal Use Only

CREDIT CHECKED		ORDERWISE CHECKLIST	
Credit Score: _____	C.C.J. Check <input type="checkbox"/>	Accounts Contact <input type="checkbox"/>	Payment Terms Set <input type="checkbox"/>
Credit Limit: _____	Payment Terms: _____ Days	Main Contact <input type="checkbox"/>	Sales Rep. Allocated <input type="checkbox"/>
Signature: _____	Date: ____/____/____	Credit Limit Set <input type="checkbox"/>	Initials: _____