## **Account Application Form**

Please print this form, complete the information, and return it to Plastor Ltd.



Email: accounts@plastor.co.uk

Tel: 01628 829800

Full Company	Details
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Company	
Name:	 
Address1:	 
Address2:	 
Town:	 Post Code:
Email:	 
Accounts Payable Email:	 
Telephone:	 Credit Limit Required:
Company Registration No:	 £
Trade References	

## T

1)	Company Name:	
	Address Line 1:	
	Address Line 2:	
	Town:	Post Code:
	Email:	
	Telephone:	
2)		
2)	Company Name:	
	Address Line 1:	
	Address Line 2:	
	Town:	Post Code:
	Email:	
	Telephone:	
Bank	Details	
	Bank Name:	
	Branch Sort Code:	
	Address Line 1:	
	Address Line 2:	
	Town:	
	Post Code:	
	Telephone:	
	Account Name:	
	Account Number:	
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	Completed By:	
	Signature:	Date:

Note: Payment terms strictly 30 days. Orders will not be accepted without a Purchase Order.