

NEW ACCOUNT FORM

Full Legal Title and Trading Name: _____

Sole Trader Partnership LLP Limited Company PLC Co. Reg. No. _____

Delivery Address

Name _____
Street _____
Town _____
Country _____
Postcode _____
Phone Number _____

Statement Address

Name _____
Street _____
Town _____
Country _____
Postcode _____
Phone Number _____

Statement Address same as Delivery Address

Business Activity (please specify) _____

Method of Payment

Cheque Direct Debit BACS Other (please specify) _____

I/We request you to open a Credit Account in the name of: _____

Bank Details

Name _____
Address _____
Sort Code _____
Account Number _____

Contact for Payment

Name _____
Position _____
Telephone Number _____
Fax Number _____

I/We will pay on ordering and do not require a credit account

Signature _____

Date ____ / ____ / ____

Please fill out the form, save and send to sales@swashhygiene.com