

ACCOUNT APPLICATION FORM

Please complete this form in full then fax or mail back to: Alpha Safety Supplies Ltd, Unit 48 Northway Lane, Tewkesbury, Glos. GL20 8JG, together with a copy of your headed note paper.
 Fax. (01684) 850420 Tel. (01684) 298083 e-mail: sales@ethicalworkwear.com

Trading name:

Address: email:

Phone:

Fax:

Registered Office: Co. Reg. No:

VAT No:

Parent Co.'s Name and Address: if applicable

Director's Names (if a Ltd Co.)

Sole Traders/Partners Names (if not a Ltd Co.)	Name:	Name:	Name:
	Address:	Address:	Address:
	Post Code:	Post Code:	Post Code:

No. of Years Trading:

Name and Address of Bank:

Name and addresses of two trade references– please give current suppliers to equivalent credit value required.

1.Name: Address: Post Code: Phone No: Fax No:	2.Name: Address: Post Code: Phone No: Fax No:
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Monthly Credit required £

Accounts department contact:

We hereby acknowledge receipt of your Terms & Conditions of sale and agree to payment terms.

Signed Company Date

Sole Trader / Partner / Director (delete as applicable)