

# ACCOUNT APPLICATION FORM

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## COMPANY DETAILS:

Business / Trading Name:

Business / Trading Address:

Main Telephone No:

Mobile No:

Fax Number:

Purchase Ledger No:

Email Address:

Website:

Business Type:

Public Limited Company:

Sole Trader:

Private Limited Company:

Partnership:

Company Registration No:

Date of formation:

Approx Annual Spend  
on Tools & Fixings:

## CONTACT NAMES:

Partners / Directors Full Names:

## PEOPLE AUTHORISED TO PLACE ORDERS:

Full Name	Position	Verbal	Written	Order No Req
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name(s) of people authorised  
to make payment:

Email address for invoices  
and statements:

## CUSTOMER DECLARATION:

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record these enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned, hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms; 30 days after month end. I also confirm that i have read and agree with the company's terms and conditions of sale.

Signed:

Print Name:

Date:

Please enclose a copy of your letterhead with application.

## INTERNAL USE ONLY:

Salesperson:

Date Opened:

Account No:

Signed: