

ACCOUNT APPLICATION FORM

Full Trading Name

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Limited Company / Partnership / Sole Trader (please circle one)

Company Registration No.

Full Address

Managing Director's Name

.....

Reg. Office

.....

..... Post Code

..... Post Code

Payments Contact Name.....

Telephone No.

Direct Telephone Number.....

Fax:

Email Address:

Sole Trader or Partnership please complete the following: Date Business Established

Sole Trader/Partner No.1/Director

Partner No.2

Full Name

Full Name

Home Address

Home Address

..... Post Code

..... Post Code

Telephone No.

Telephone No.

Trade Ref No. 1

Trade Ref No. 2

Name

Name

Address

Address

.....

.....

..... Post Code

..... Post Code

Tel No

Tel No

Contact

Contact

We have read understood and accept your terms and conditions. Please accept this form as my/our application for a credit account. Estimated monthly orders will be £:

Signed Date: Director/Partner/Owner

Print name.....

I/we give my/our consent to a credit search being made on me/us as owner/partner or director of this organization both now & at any future date. I/we understand this search will be recorded by the agency & may be disclosed to subsequent enquirers.



Certificate No
FM 00919

Registered Office: Loddon Industrial Estate, Loddon, Norwich NR14 6JD

Company Registration Number: 2577629 VAT Registration Number: 304 9031 90

Mussett Engineering Ltd.

Loddon Industrial Estate, Loddon

Norwich, Norfolk NR14 6JD

Tel: 01508 522500 Fax: 01508 528769

Email: enquire@mussett.co.uk

www.mussett.co.uk

ACCOUNT APPLICATION FORM

We do need to obtain a bank authorisation letter from you to enable us to approach your bank for a reference. This information is required due to the Data Protection Act and is a legal requirement for our company to proceed with the credit check.

Full Trading Name

.....

(Please complete your bank Name and Address)

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.....

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Dear Sirs

We hereby authorise you to supply until further notice, reference to Mussett Engineering Ltd, Loddon Industrial Estate, Loddon, Norwich, NR14 6JD.

(Please complete your bank account number and sort code)

Account number:

Sort Code:

Yours faithfully

.....

.....

(Please sign with bank authorised signors)

If any part of this form is unclear, please contact Nichola King on 01508 522518



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