



NEW ACCOUNTS - REQUEST FORM

Please note: Account may take at least 7 days to open

Office use

Company Name		
Invoice Address		
Town		
County		
Postcode		
Main Contact Number		
Fax/Alternative Number		
Contact Email Address		
Office Email Address		
Company Number (if applicable)		
Number of Years Trading		
VAT Number (if applicable)		
Accounts Contact Name		
Accounts Email (for invoices)		
Accounts Request (please tick)	30 Days Account	Cash Account
Credit Limit	£	

Declaration

By completing this form, you acknowledge and accept our standard terms and conditions of sale (available on request). Credit terms are strictly 30 days from the end of the month.

From time to time, we may wish to contact you with marketing information and updates about our own products and services by email, telephone, or post. If you agree to be contacted by STORM, please tick here:

Please provide a copy of the Managing Director's driving licence or passport		
Print Name		
Position		
Signature		
Date		
Directors home address if less than 3 years to current address on ID		

Office use		
Accounts Approval		
Finance Directors Approval		
Credit Term Check		
Date		
Notes		



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