

ACCOUNT FORM

FORM FIRST LIMITED



COMPANY INFORMATION			
COMPANY NAME:			
COMPANY REG NO:		VAT NO:	
TYPE OF BUSINESS:	REGISTERED ADDRESS:	INVOICE ADDRESS:	
LTD <input type="checkbox"/>			
PLC <input type="checkbox"/>			
PARTNERSHIP <input type="checkbox"/>			
SOLE TRADER <input type="checkbox"/>			
TEL NO:	ACCOUNTS CONTACT NAME:		
MOBILE NO:			
FAX NO:	ACCOUNTS TEL AND E-MAIL:		
E-MAIL ADDRESS:			
BANK & BUSINESS OWNER DETAILS			
BANK NAME:			
BANK ADDRESS:	SORT CODE:		
	ACCOUNT NO:		
	TEL NO:		
	NAME IN WHICH ACCOUNT IS HELD:		
SOLE TRADERS AND PARTNERSHIP ONLY - PLEASE PROVIDE DETAILS OF EACH PARTNER IN THE BUSINESS			
NAME 1:		DOB:	
HOME ADDRESS:		TEL NO:	
NAME 2:		DOB:	
HOME ADDRESS:		TEL NO:	
NAME 3:		DOB:	
HOME ADDRESS:		TEL NO:	
AGREEMENT & SIGNATURES			
I/We declare that the above information is correct and true and authorise Form First Ltd to make any necessary searches/checks by consulting credit references agency to process this application. I/We read Form First Terms and Conditions attached on separate sheet and sign below in acceptance.			
All invoices are to be paid 30 days from the date of the invoice			
SIGNED:		PRINT NAME:	
DATE:		POSITION:	
If signing on behalf of limited company this form must be signed by a Director			
USEFUL INFORMATION			
Our preferred method of sending invoices and statements is via e-mail. If you would still like to receive your invoices through the post please tick here <input type="checkbox"/>			
Ways to pay:	Bank Transfer, Lloyds Bank, Sort Code 30 92 26 Account Number 17504868		
Cheques, payable to Form First Limited, Postal address: 43 Chelveston Drive, Corby, Northamptonshire, NN17 2QG			
PLEASE RETURN COMPLETED FORM WITH A SAMPLE OF YOUR COMPANY HEAD LETTER TO US BY E-MAIL TO info@form-first.com or by post to: Form First Ltd, 43 Chelveston Drive, Corby, NN17 2QG			
FOR INTERNAL USE ONLY			
ACCOUNT NO:		CREDIT LIMIT:	
DATE:		CREDIT RATING:	
APPROVED BY:		SIGNATURE:	
COMMENTS:			