

APPLICATION FOR MONTHLY ACCOUNT

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Incomplete forms will not be processed and will be returned

Applicant Details:

Company Name: _____

Add 1: _____ Company Reg. No. _____

Add 2: _____ Registered Office: _____

Town / City: _____

County: _____

Post Code: _____

Telephone: _____ Name of Directors: _____

Email Address: _____

Years Trading: _____

Names & Addresses of two companies whom you have been trading with for over 2 years with similar credit requirements:

Company 1: _____	Company 2: _____
Add 1: _____	Add 1: _____
Town / City: _____	Town / City: _____
County: _____	County: _____
Post Code: _____	Post Code: _____
Telephone no: _____	Telephone no: _____
Contact: _____	Contact: _____

Your Bank Details, Credit Required & Accounts Contact:

Sort Code - - Account Number

Bank Name & Address: _____

Accounts Contact: _____ Accounts Email: _____

VAT Number: _____ Monthly Credit: _____

Invoice Delivery: Post / Email (Please Select) Invoice Email: _____

For Internal Use Only (To Be Scanned in Customers Account File on Approval)

Supplier Approved By: _____ Date: _____

Credit Score: _____ Credit Limit: _____

Account No. _____ Account Manager: _____