



1 Boss Hall, Ipswich, IP5 1BN

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ACCOUNT APPLICATION FORM

Company Information

Company Name:		
Company Address:		
Town or City:	County:	Postcode:
Status: Limited/Partnership/Sole Trader	Company Number:	
Invoice Address:		
Town or City:	County:	Postcode:
Telephone:	Fax:	Email:

Trade And Bank References

Company or Individual 1:		
Address:		
Town or City:	County:	Postcode:
Phone:	Fax:	Email:
Position:	Hourly Salary (Please circle)	Annual income:
Company of Individual 2:		
Address:		
Town or City:	County:	Postcode:
Phone:	Fax:	Email:
Position:	Hourly Salary (Please circle)	Annual income:
Bank Name:		
Bank Address:		
Town or City:	County:	Postcode:
Phone:	Fax:	Email:
Account Number:	Sort code:	

Contact Details

Directors Name:		
Directors Home Address:		
Town or City:	County:	Postcode:
Contact for Orders:	Phone:	Email:
Contact for Payment:	Phone:	Email:

Trade Information

Annual Turnover:	Requested Credit Limit (if applicable):
Audited Accounts: Yes/No	
Signed :	Position:
	Date:

For Internal Use:

Date Received:

Credit Limit Agreed:

Date:

References Sent:

Date References Received:

Approved by: