

## **Account Application Form**

Full Company Name		
Limited Company  Non Limited Company		
Registered Office Address		
County	Postcode	
Tel.	Email	
Company Registration No.	VAT Registration No.	
Registered Charity Yes D No D		
If Yes, please state charity registration no. and enclose copy of certificate		
Invoice/Statement Address (if different)	Delivery Address (if different)	
County	County	
Postcode	Postcode	
Tel.	Tel.	
Email Must be completed	Email	
Credit limit requested	Buyers name	
Current Trading currency	Tel.	
Industry	Email	
I acknowledge receipt of Cleansing Solutions Limited Terms and Conditions of Sale and agree to be bound by these terms. Particularly I understand the payment terms and Returnable Packaging and Ancillary Charges.		

I further understand that failure to comply with these terms may result in the credit account being put on stop and any outstanding orders being held, pending payment.

I understand that information processed in this form is for account creation and reference only.

I confirm that we may contact you at a future date to request details for a trade reference.

I confirm that we may use a third party credit reference agency to obtain and monitor your financial information on an ongoing basis.

I confirm that I accept that these terms will apply for all future transactions and that any amendments requested by us shall only apply if agreed in writing by both parties. I confirm that I have the authority to apply to open this account.

Accepted by (print full name)	Signed
Position	Date