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Account Application Form

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT NAME _____ POSITION _____

COMPANY REG: _____ COMPANY VAT: _____

Please fill out the next part for where the invoices are sent for processing & payment.
(if different from above)

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ POSITION: _____

Monthly statements will be sent where possible via email.
Please supply Accounts Payable email address: _____

Monthly Credit Limit Required: _____ Terms strictly 30 days from date of invoice.

Two Credit References, Name, Address and contact number.

1 _____

2 _____

All goods are carried under RHA Terms & Conditions of carriage 1996 revised & are available on request.

Signature:..... Print Name:.....

Position In Company:..... Date:.....

Please return form when fully completed with Company letterhead.