

CUSTOMER ACCOUNT APPLICATION FORM

Please complete either section A or B and all other sections and enclose a your current company letterhead.

Type of Company: (Delete as appropriate) Limited	/ Sole Trader / Partnership / Public Service / Charity	
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	(Please note the credit limit reflects the maximum	
Credit limit required: £	`	
A) COMPANY DETAILS (For Limited Companies only)		
Limited Company Name:		
Ennited Company Name.		
Company Trading Name: (if different from Ltd Company name)		
Company Trading Name: (ii dinerent from Eta company name)		
Company Registration No:		
Trading Address:	Invoicing Address: (if different to trading address)	
Post Code:	Post Code:	
Tel No: Fax No:	Accounts Contact Name:	
Email:		
VAT registered: Yes/No (Delete as appropriate)	Tel No: Fax No:	
VAT Registration No: (If applicable)		
, , ,	Email:	
B) SOLE TRADERS AND PARTNERSHIPS		
Names of Principals or Partners		
Sole Trader or1 st Partner	2 nd Partner	
Full Name:	Full Name:	
Home Address:	Home Address:	
Post Code:	Post Code:	
Tel No: Fax No:	Tel No: Fax No:	
Email:	Email:	
Trading Name:		
5		
Trading Address:	Invoicing Address: (if different to trading address)	
3	3 ,	
Post Code:	Post Code:	
Tel No: Fax No:		

VAT registered: Yes/No (Delete as appropriate)	Accounts Contact Name:	
VAT Registration No: (If applicable)		
	. Tel No: Fax No:	
	Email:	
	Email.	
C. BANK DETAILS		
Bank Name:		
Address:		
	Postcode:	
Tel No:	Fax No:	
Account No:	Sort Code:	
Payment Method:		
Electronically directly into our bank account.		
D. TRADE REFERENCES Please give details of 2 companies with whom	a vou trada to the lovel of this application	
1st Trade Reference	Contact:	
Company Name:		
Address:		
	Postcode:	
Tel No:	Fax No:	
2 nd Trade Reference	Contact:	
Company Name: Address:		
Address.		
	Fax No:	
Torrec.	1 dx 140.	
I confirm that I have read and accept the terms and condition of		
<u>www.olympicglass.co.uk/Footer/Terms-and-Conditions</u> and I un terms later adopted by you and notified to me.	derstand that all orders will be placed on those terms or any amended	
I confirm that the information given in this application to be true	e and accurate.	
DATA PROTECTION ACT 1998 NOTICE		
carrying out your business and associated activities ("Activities"). Ir	the data will be held securely, in confidence and processed for the purpose of n considering my application, I accept that you may consult with and disclose	
	ner responsible organisations outside your business that you have nominated I understand that under the Act I have a right to know what data you hold on	
me if I apply to you in writing and pay the applicable fee.	,	
E. Authorised Signature		
Director/Company Secretary/Owner: (Delete as appropriate)		
Full Name (Block Capitals Please):		
Position Held:	Date:	



Units 2-3, Queenborough Business Park, Main Road, Queenborough, Sheemess, Kent ME11 5DY Tel:01795 668333 Accounts fax: 01795 668777 Orders fax: 01795 668555 Email: sales@olympicglass.co.uk Web: www.olympicglass.co.uk

