



# Depot Account Application Form

PLEASE COMPLETE ALL SECTIONS IN **BLOCK CAPITALS**

<b>Name:</b>	
<b>Business Name:</b> <small>(If no business name please give reason for application)</small>	
<b>Type of Business:</b> <small>(Plumber, Carpenter, etc)</small>	
<b>Full Address:</b>	
	<b>Post Code:</b>
<b>Telephone Number:</b>	
<b>Mobile Number:</b>	
<b>Email:</b> <small>(Optional)</small>	

**OPENING PAYMENT £.....**

***YOUR ACCOUNT WILL BE OPENED WHEN CLEARED FUNDS ARE AVAILABLE***

**PURCHASES ARE SUBJECT TO COVERS' STANDARD TERMS AND CONDITIONS OF SALE WHICH ARE AVAILABLE ON REQUEST.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

FOR DEPOT USE ONLY:			
Name and Signature of Originator:			
Depot:		Trade Letter:	
Depot Managers Signature:			
Method of Payment: <small>(Delete as Required)</small>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Debit or Credit Card <input type="checkbox"/>		
<b>DO NOT INCLUDE CREDIT CARD DETAILS ON APPLICATION</b>			
Transax Details:	Code:	Authority:	Date/Time:
CREDIT CONTROL ONLY:			
Date Form Received:			
Date A/c Opened:			
A/c Number:			