

REGISTERED COMPANY NAME \_\_\_\_\_  
TRADING NAME (IF DIFFERENT) \_\_\_\_\_  
COMPANY REGISTRATION NO. \_\_\_\_\_ VAT NO. \_\_\_\_\_  
REGISTERED ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
OPENING HOURS FOR DELIVERIES \_\_\_\_\_  
\_\_\_\_\_

INVOICING ADDRESS (IF DIFFERENT) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_  
EMAIL \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
FAX NO. \_\_\_\_\_ CREDIT REQUIRED £ \_\_\_\_\_

BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_  
SORT CODE \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

TRADE REFERENCE 1 - NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_  
TRADE REFERENCE 2 - NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_

I APPLY TO OPEN AN ACCCOUNT WITH WARREN SERVICES LTD. I UNDERSTAND THIS ACCOUNT WILL OPERATE UNDER THEIR STANDARD TERMS AND CONDITIONS OF BUSINESS AND THAT SETTLEMENT OF INVOICES WILL BE REQUIRED AT 30 DAYS FOLLOWING THE MONTH OF INVOICE. I UNDERSTAND THAT STATUTORY INTEREST MAY BE CHARGED ON ANY BALANCE OUTSTANDING AFTER THIS PERIOD\*\*

SIGNED\* \_\_\_\_\_ DATE \_\_\_\_\_  
NAME \_\_\_\_\_ TITLE \_\_\_\_\_

\*This application should be signed by a Director of your company.      \*\*Please supply a piece of your company letterhead with your application.