

# AADVARK SUPPLIES LIMITED

## ACCOUNT APPLICATION FORM

Please fully complete this form and return to Aadvark Supplies Limited, 242 Gosport Road, Fareham, Hampshire, PO16 0SS, or fax back on 01329 823630

**Company Name:**

**Invoice Address:**   
incl. Postcode

**Delivery Address:**   
if different from

Invoice Address

*Please supply Business Card/Compliments Slip/Headed Paper*

Private Individual / Partnership / Limited Company / PLC *(Delete where not applicable)*

**Company Registration No:**  **No of Years Trading:**

*If Private Individual or Partnership, please give name(s) and address of Proprietor/Partners.*

**Name:**

**Address:**

**Name:**

**Address:**

*Please provide Proof of Address ie: Driving Licence/Utility Bill*

### CONTACT DETAILS

**Purchasing Contact:**

**Telephone No:**  **Fax No:**

**E-Mail Address:**

**Accounts Contact:**

**Telephone No:**  **Fax No:**

**E-Mail Address:**

**VAT Registration No:**

*Continued Over*

ACCOUNT DETAILS

**Required Credit Limit:**

**Preferred Payment:** Credit Card  Cheque  BACS   
Tick where appropriate

**Bankers:**

**Address:**

**Account No:**

**Sort Code:**

TRADE REFERENCES:

*Please provide two references with whom you have been trading.*

Reference 1:

**Company Name:**

**Telephone No:**

**Fax No:**

**Address:**

Reference 2:

**Company Name:**

**Telephone No:**

**Fax No:**

**Address:**

I have read and understood the Terms and Conditions of the account with Aadvark Supplies and I will adhere to them. I understand that non payment of any amount within the stated time, may lead to cessation of credit facilities, closure of the account and the collection of the monies owing via a collection agency. If the account is for a Sole proprietor or partnership, Aadvark Supplies will require proof of address prior to the account opening, and that any unpaid monies may be collected from the proprietor(s)/partners personally via a collection agency.

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

Position.....

*If Partnership, second partner to sign.*

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

Position.....

.....  
*Office Use Only*

Proof of Address/Headed Paper  Trade References sent \_\_\_\_\_ Trade References received \_\_\_\_\_

Account Accepted Y/N Account No \_\_\_\_\_ Credit Limit \_\_\_\_\_

Date entered on computer \_\_\_\_\_ Customer contacted on \_\_\_\_\_

Completed by \_\_\_\_\_