



DOSSIL LTD
 22 QUEENS CLOSE
 OVER
 CAMBS
 CB24 5NN
 TEL: 01954 204276

APPLICATION TO OPEN A CREDIT ACCOUNT

FULL NAME OF BUSINESS:.....

ADDRESS:

.....

.....POST CODE:

TELEPHONE NO: FAX NO:.....

MOBILE NO. (IF NECESSARY) EMAIL

REGISTERED OFFICE:.....

.....POST CODE:

COMPANY REGISTRATION NO: DATE OF REGISTRATION:.....

VAT REGISTRATION NO:

(IF PARTNERSHIP PLEASE GIVE NAMES & ADDRESSES OF PARTNERS ON A SEPARATE SHEET)

CONTACT NAME:.....

TELEPHONE NO: EXT:

MONTHLY CREDIT REQUIRED:..... (MUST BE COMPLETED)

CREDIT CONTROL CONTACT:

I/WE APPLY TO OPEN A CREDIT ACCOUNT WITH DOSSIL LTD

IN DOING SO ACCEPT THAT FIRST INVOICE WILL BE ON PRO-FORMA PAYMENT TERMS AND THEREAFTER:-

ACCEPT THE PAYMENT TERMS OF STRICTLY 30 DAYS FROM DATE OF INVOICE.
(THESE TERMS CANNOT BE AMENDED UNLESS PRIOR AGREEMENT IS MADE – ANY NON AGREED AMENDMENTS WILL RESULT IN A PRO-FORMA ACCOUNT ONLY)

I/WE AGREE TO DOSSIL LTD CONDITIONS OF CONTRACT (COPY ATTACHED)

NAME:.....

SIGNATURE:

POSITION IN COMPANY:
 (MUST BE IN A POSITION TO AUTHORISE ACCOUNT OPENING)

TRADE REFERENCE (1)

NAME:

ADDRESS:

.....

TELEPHONE NO: CONTACT:

TRADE REFERENCE (2)

NAME:

ADDRESS:.....

.....

TELEPHONE NO: CONTACT:.....

BANK DETAILS

BANK:

BRANCH:

..... TELEPHONE NO:

ACCOUNT NAME

ACCOUNT NO: SORT CODE:.....

PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS ABOVE

NOTIFICATION WILL BE SENT AS SOON AS AN ACCOUNT HAS BEEN OPENED.