

New Customer Account Application Form

Company Name: _____

Accounts Address 1: _____

Address 2: _____

Town: _____

County: _____ Postcode: _____

Accounts Tel: _____

Email For Invoices: _____

Email For Statements: (if different) _____

Accounts Contact: _____

Website: _____

VAT number: _____ Company Registration No: _____

Would you prefer invoices sent via Post: OR E-Mail:

- Please note, by setting up an account you are agreeing to our payment terms of **30 days from month end**

Internal Use:

Account Approved: _____

Experian Credit Limit: _____

Elite's Credit Limit: _____

Signature: _____

Date: _____