

# New Customer Account Application Form



**PLEASE NOTE:** By setting up an account you are agreeing to our payment terms of **30 days from month end.**

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PLEASE SELECT FROM THE DROPDOWN BELOW

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▶ ◀ ▶ ◀

Company Name:

Accounts Address:

City/Town:

County:  Postcode:

Accounts Tel:

Email for Invoices:

Email for Statements:

Accounts Contact:

Website:

VAT No:  Registration No:

## ADDITIONAL CUSTOMER DATA VERIFICATION

Registered office address (if different from above)

Company Name:

Address:

City/Town:

County:  Postcode:

Registration No:

## ADDITIONAL CUSTOMER DATA VERIFICATION *continued...*

Is the applicant part of a Group?

YES

NO

If YES, what is the name of the Group company and Registration number?

Group Name:

Registration No:

**Trade references** (please supply two)

Company Name:

Address:

City/Town:

County:

Postcode:

Telephone No:

Contact Name:

Company Name:

Address:

City/Town:

County:

Postcode:

Telephone No:

Contact Name:

**Company House Directors names** (please supply two)

Forename:

Surname:

Forename:

Surname:

**MPAN number from utility bill** (reason: post code match to MPAN)

**FOR INTERNAL USE ONLY**

Applicant landline number check:

YES       NO

Website check:

YES       NO

LinkedIn check:

YES       NO

Google or Bing street map - visible premises:

YES       NO

Experian credit check:

YES       NO

VAT Number check:

YES       NO

Companies House Registration No check:

(1) Applicant

YES       NO

(2) Group (if applicable):

YES       NO

Trades references check:

YES       NO

Company House Directors names check:

YES       NO

Company House Directors names check:

YES       NO

MPAN number check:

YES       NO

Company Type check:

YES       NO

Market Sector check:

YES       NO

Name of person verifying the above:

Signature of the person verifying the above:

Account Approved:

Signature:

Experian Credit Limit:

Elite's Credit Limit:

Date: