



Account Application Form for Commercial Credit as indicated below

FWG GROUP CONTACT:

ACCOUNT FORM SENT BY:-

FWG Head Office, 1 Brunel Road, Newton Abbot, Devon TQ12 4PB
Fax: (01626) 363172 E-Mail: info@firewatchsouthwest.co.uk

Please complete and return to the above address, subject to satisfactory finance checks we will :-

1) Issue Unique Account Reference 2) Confirmation of credit Limit 3) Your account manager contact details 3) Account payment information

Full Trading name/s of Applicant:

Invoice address:

Post Code:

Sales contact: Tel No: Fax No: E-Mail:

Accounts contact: Tel No: Fax No: E-Mail:

Invoice / Statement E-Mail Address :

Address of Registered Office:

Year of Incorporation: Company Register No: Vat Registration No:

If NOT a Limited Company or PLC please give full names (not initials) & private addresses of all partners or directors/owners

1) Name

2) Name

3) Name

4) Name

Banks Name: Sort Code : Acct. No. :

Name of Account :

Address of Bank:

Name and Registered Number of Parent Company (if applicable) : Name : Reg No :

TRADE REFERENCES :

Name & address of principal supplier:

Tel No: Fax No. Approximate value of purchases each year: £

Name & address of 2nd supplier:

Tel No: Fax No. Approximate value of purchases each year: £

Please state required credit limit: £

Name of your Managing Director / Managing Partner:

Name of person responsible for payment of accounts on time:

ACKNOWLEDGEMENT OF CONDITIONS OF SALE

DIRECTOR'S / PARTNER'S / AUTHORISED SIGNATORY - DECLARATION

I, being an authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated terms of 30 days from invoice date. I / we appreciate that adherence to this obligation is the essence of the contract between us.

We hereby request you to open an account and that we have received and understood the terms & conditions

Signed: Name (please print)

Date: Position in Company: