

Account Application Form Page 1

**Company Name**

Contact Name

Address Line 1

Address Line 2

Address Line 3

City:

Post Code:

Telephone No:

Fax No:

Accounts payable contact:

E-mail Address:

Sensio's Sales Rep:**Delivery (If different from above address)**

Company Name

Contact Name

Address Line 1

Address Line 2

Address Line 3

City:

Post Code:

Telephone No:

Fax No.

E-mail Address:

Type of business:

Initial Order Value:

Estimated Monthly Spend:

How Long Established:

VAT registration No:

Company registration no:

Payment Terms: Receipt of payment in full within thirty days of invoice date.

Sensio conditions of sale and payment terms agreed and accepted by:

Please complete the form and fax to 0845 0340 781

Name:

Signature:

Position:

Date:

For Sensio terms and conditions please visit www.sensio.co.uk/terms.asp**This section is for internal use only:**

Account ref:

Payment terms:

Authorised by:

Credit limit:

Date:

Credit responsibility:

Purchasing Contact

Telephone No: _____

Fax No. _____

E-mail Address: _____

Accounts Contact

Telephone No: _____

Fax No. _____

E-mail Address: _____

Trade References:

Trade Reference 1:

Company Name _____

Contact Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City: _____

Post Code: _____

Telephone No: _____

Fax No. _____

E-mail Address: _____

Trade Reference 2:

Company Name _____

Contact Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City: _____

Post Code: _____

Telephone No: _____

Fax No. _____

E-mail Address: _____

When returning the account application form, please use the following contact details:

Sensio Limited Tel: 0845 034 0780
Unit 6 Lister Park Fax: 0845 034 0781
Green Lane www.sensio.co.uk
Pontefract
WF7 6FE