



# Depot Account Application Form

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

<b>Name:</b>	
<b>Business Name:</b> <small>(If no business name please give reason for application)</small>	
<b>Type of Business:</b> <small>(Plumber, Carpenter, etc)</small>	
<b>Full Address:</b>	<b>Post Code:</b>
<b>Telephone Number:</b>	
<b>Mobile Number:</b>	
<b>Email:</b> <small>(Optional)</small>	

### OPENING PAYMENT £

***YOUR ACCOUNT WILL BE OPENED WHEN CLEARED FUNDS ARE AVAILABLE***

**PURCHASES ARE SUBJECT TO COVERS' STANDARD TERMS AND CONDITIONS OF SALE WHICH ARE AVAILABLE ON REQUEST.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

<b>FOR DEPOT USE ONLY:</b>			
Name and Signature of Originator:			
Depot:		Trade Letter:	
Depot Managers Signature:			
Method of Payment: <small>(Delete as Required)</small>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Debit or Credit Card <input type="checkbox"/>		
	<b>DO NOT INCLUDE CREDIT CARD DETAILS ON APPLICATION</b>		
Transax Details:	Code: _____	Authority: _____	Date/Time: _____

<b>CREDIT CONTROL ONLY:</b>	
Date Form Received:	
Date A/c Opened:	
A/c Number:	