



Client Account Form

Please Tick

<u>Limited Company</u>		<u>Sole Trader</u>		<u>Partnership</u>	
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Company Information

Company Name:	
Company Address:	City:
Postcode:	Phone Number:
Company Registration Number:	Fax Number:
GST/ Vat Number:	Email Address:

Billing Details

Invoicing Address:	Accounts Email Address:
Accounts Contact Name:	
Contact Number:	

Trade References

<u>Reference 1:</u> Name: Address: Contact Number:

<u>Reference 2:</u> Name: Address: Contact Number:

Amount Of Credit Requested:

Credit Terms: I hereby certify the above information to be accurate and complete and adhere to 30 days from date of invoice payment terms.

Full Name:	Signature:	Date:
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