



TRADE ACCOUNT APPLICATION

UNIT 12/13
CENTURION IND.EST.
LEYLAND
PRESTON
LANCS
PR25 4GU

Phone: 01772 622342
Fax: 01772 623133
Email: accounts@ableskips.co.uk

Company Name : _____ Company Reg. No : _____
Address : _____
_____ Post Code : _____
Contact Name : _____ Department _____
Telephone No : _____ Fax No : _____
Email Address : _____
Credit Limit Required _____

Sole Proprietors or Partnerships, please provide full names :
Forename(s) : _____ Surname : _____
Forename(s) : _____ Surname : _____

TRADE REFERENCES

1. Name : _____	2. Name : _____
Address: _____	Address : _____
_____	_____
_____	_____
Tel/Fax _____	Tel/Fax _____

BANK ACCOUNT DETAILS

Bank Name : _____
Branch Address : _____
Account Name : _____ A/C No : _____ Sort Code _____
Signed : _____ Print Name : _____ Date : _____

**Please Fax-Back on 01772 623133
or send to accounts@ableskips.co.uk**