JET WHOLESALE T RE SERVICES

NEW CUSTOMER ACCOUNT DETAILS FORM:

Company / Organisation Name:

VAT Number:

Name of Applicant:

Position:

Date Company Started Trading:

No. of years account held:

Customer Registered Office Address:

Customer Delivery Address:

Residential Address of owner/partner/sole proprietor: (If applicant is NOT a Limited company)

Customer Contact Landline Number:

Customer Contact Mobile Number:

Customer Contact Email Address:

Customer Accounts Payable Contact Name:

Customer Accounts Payable Telephone Number:

Customer Accounts Payable Email Address:

Name of Bank:

Address:

Sort Code:

Account Number:
Preferred Method of Payment:
Name of Authorised Buyers: (Position & Title)
1)
2)
3)
Credit/Trade Reference (No 1)
Supplier Name:
Account No:
Contact Name & Telephone Number:
Address:
Email Address:
Credit/Trade Reference (No 2)
Supplier Name:
Account No:
Contact Name & Telephone Number:
Address:
Email Address:
Print Name, sign with signature & state position
Full Name:
Signature:
Date:
Position:
Please return form to mark@jetwts.co.uk