Thames Reinforcements Ltd

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CUSTOMER ACCOUNT APPLICATION FORM

PLEASE SUPPLY FULL AND ACCURATE DETAILS AND RETURN THE APPLICATION FORM TOGETHER WITH A COPY OF YOUR LETTER HEADING TO THE ABOVE ADDRESS.

FULL INVOICING NAME AND ADDRESS……...
……
……
……POST CODE……
REGISTERED OFFICE ADDRESS (if applicable)……..
……
……
……POST CODE……

COMPANY REGISTRATION NO (if applicable)……...
IF NOT LIMITED COMPANY PLEASE PROVIDE NAME(S) & PRIVATE ADDRESS(ES) OF PROPRIETORS/PARTNERS……
……
……
……
……

CONTACT NAME……..……..
CONTACT NO……..……FAX……..

CREDIT REQUIRED……
EST. MONTHLY PURCHASES……...

PARENT COMPANY DETAILS (if applicable)…….....
……
……
……
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PLEASE SIGN TO CONFIRM RECEIPT & ACCEPTANCE OF OUR TERMS & CONDITIONS

SIGNED & PRINTED**……**DATE**……**