

## Account Application Form

### Business contact information

Contact name:

Phone:

Fax:

E-mail:

Address:

City:

State:

Postcode:

In business since:

Sole trader:

Partnership:

Limited liability:

Other:

### Business and credit information

Postal address:

City:

State:

Postcode:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State

Postcode:

### Business/trade references

**Company name:**

**Company name:**

Contact name:

Contact name:

Address:

Address:

City:

Postcode:

City:

Postcode:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

### Agreement

1. All invoices are to be paid on the 20<sup>th</sup> of the month following the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise to make inquiries into the banking and business/trade references that you have supplied.

### Signatures

Title:

Title:

Date:

Date:

PLEASE FILL THIS FORM AND EMAIL TO  
[admin@soyking.co.uk](mailto:admin@soyking.co.uk)