



APPLICATION FOR CREDIT ACCOUNT

****PLEASE ENCLOSE A SAMPLE OF YOUR HEADED PAPER****

COMPANY DETAILS

TRADING TITLE AND ADDRESS OF REGISTERED OFFICE. (inc. Postcode)
(if not a listed company please include full names of owners/partnership)

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TEL NO:FAX NO:

COMPANY REGISTRATION NO:
VAT NO:

TYPE OF BUSINESS:
NO. OF EMPLOYEES:
PURCHASING CONTACT:
ACCOUNTS CONTACT:

DELIVERY ADDRESS:
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.....
.....

ADDRESS WHERE INVOICES OR STATEMENTS ARE TO BE SENT, IF DIFFERENT TO ABOVE:
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.....

BANK DETAILS

BANK NAME AND ADDRESS
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.....

ACCOUNT NAME:
ACCOUNT NUMBER: SORT CODE:

TRADE REFERENCES

TRADE REF. 1:
COMPANY:
ADDRESS:
.....
.....
.....

CONTACT NAME:

TRADE REF. 2:

COMPANY:

ADDRESS:

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CONTACT NAME:

TRADING INFORMATION

ANTICIPATED MONTHLY SPEND WITH AVANTI:

DECLARATION

I hereby agree to the terms of Avanti Cleaning Solutions, as set out in its Terms and Conditions of Sale. I further appoint Avanti Cleaning Solutions or their appointed representative to contact our bankers.

CUSTOMER SIGNATURE:

PRINT NAME:

POSITION IN COMPANY:

**PLEASE COMPLETE AND RETURN TO AVANTI CLEANING SOLUTIONS –
POST TO: ACCOUNTS DEPARTMENT, 179 SOUTH LIBERTY LANE, ASHTON, BRISTOL, BS3 2TN OR
EMAIL TO accounts@avanticleaningsolutions.co.uk **