



Head Office Address:
Opal Court, Lowry House, Moseley Road
Fallowfield, Manchester. M14 6ZT
Tel. 0161 224 4600 - Fax: 0161 224 7200

Force 3 Account Application Form – Please fax back!

Full Trading Title Trading AddressPost Code Tel: Fax:	If limited Co Registered office address:Post Code Year of incorporation: Company Reg:..... VAT Reg:
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What is your main activity:

Name of Director(s) / Partner(s):

Bank Name: Address:
Post Code:
 Account No: Sort Code:

Name of person(s) responsible for payment of account:

Do you wish to have a Survey & Laser account (please tick appropriate box): YES NO

References (please provide names of 2 principle suppliers)

1. Name	2. Name
Tel: Fax:.....	Tel: Fax:.....

Please state the maximum credit required: £.....
 Please indicate where you obtained our company name:

Declaration by credit account.
 Director / Partner / Other (please specify).
 We hereby request you to open a credit account. I being an authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) 30 days from the month end of invoice. I/We appreciate that adherence to this obligation is the essence of the contract between us.
Signed: **Name: (print):** **Date:**.....

Internal Use only :-
Date authorised/...../2009 **Authorised Person**
Date called to notify open/...../2009 **Customer name contacted**
Terms agree Hire Disc% **Lifting Discount**% **Send Catalogue Yes/No**
Sales Representative **Reps signature**