Account Application Form

Business Name:

Trading Name (if different):

Business Address :

Trading Address (if different):

E-Mail Address:

Co Reg Number :

Phone Number:

Date of Incorporation :

Accounts Payable Contact

Telephone Number:

E-mail Address:

Buying Department Contact

Telephone Number:

Email Address:

Full names of Directors/Owners:

Please state Private address of Owner (Non Limited Company Only):

I/WE Accept your terms & conditions as set out in your price list and agree to pay in accordance for any goods and services supplied by you. All accounts are 30days EOM.

Name:

Signature:

Position:

Date:

Please complete and email return to: info@lct-saws.co.uk

F**or LCT Use Only**

Credit Safe Score

Credit Safe Limit LCT

Credit Limit