

REP NAME:

INTERNAL USE ONLY



ALLIGATOR PRODUCTS LIMITED

2ND FLOOR, 314 REGENTS PARK ROAD, FINCHLEY, LONDON, N3 2JX
TELEPHONE: NATIONAL 0208 371 6622 • INTERNATIONAL +44 208 371 6622
FAX: NATIONAL 0208 371 6633 • INTERNATIONAL +44 208 371 6633
EMAIL: sales@alligatorbooks.co.uk

ACCOUNT APPLICATION FORM

ACCOUNTNO: _____

FULLTITLE: _____

INVOICE ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

FAX: _____

EMAIL ACCOUNTS: _____

EMAIL PURCHASING: _____

LIMITED CO REGISTRATIONNO: _____

REGISTERED OFFICE ADDRESS: _____

DIRECTORS NAME: _____

PERSONS AUTHORISED TO PURCHASE ON YOUR BEHALF: _____

AGE OF BUSINESS: _____

AMOUNT OF CREDIT REQUIRED: _____

DATE: _____

DELIVERY ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

FAX: _____

EMAIL FOR BOOKING IN: _____

IF PARTNERSHIP/SOLE PROPRIETOR: _____

NAME OF PROPRIETOR/PARTNERS: _____

PRIVATE ADDRESS: _____

DIRECTORS NAME: _____

DATE OF LAST FILED ACCOUNTS: _____

PROFIT BEFORE TAX AT LAST ACCOUNT: _____

TURNOVER AT LAST ACCOUNTS: _____

PLEASE TURN THE PAGE

PLEASE REMEMBER OUR PAYMENT TERMS ARE 30 DAYS FROM DELIVERY

PLEASE COMPLETE ALL DETAILS REQUIRED. THIS WILL HELP TO SPEED THE OPENING OF YOUR ACCOUNT

I/WE HEREBY AUTHORISE YOU TO APPLY TO ANY OF THE FOLLOWING FOR A REFERENCE:

BANK REFERENCE:

BANK NAME: _____

NAME OF ACCOUNT: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

SORT CODE: _____

POSTCODE: _____

SUPPLIER:

SUPPLIER: _____

ADDRESS: _____

ADDRESS: _____

POSTCODE: _____

POSTCODE: _____

TELEPHONE: _____

TELEPHONE: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____

SUPPLIER:

ADDRESS: _____

**PLEASE HELP US TO HELP YOU BY GIVING US
THE TELEPHONE NUMBER REQUIRED**

POSTCODE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

I / WE ACKNOWLEDGE THAT I / WE HAVE READ AND ACCEPT THE STANDARD CONDITIONS OF SALE OF ALLIGATOR PRODUCTS LIMITED

ALL GOODS SUPPLIED REMAIN THE PROPERTY OF ALLIGATOR PRODUCTS LIMITED UNTIL ALL SUMS DUE ARE PAID IN FULL

AUTHORISED SIGNATORY: _____ (BLOCK LETTERS)

SIGNATURE: _____

POSITION: _____

DATE: _____

ALL PALLETS USED TO ASSIST WITH DELIVERY ARE RETURNABLE/EXCHANGEABLE OR CHANGEABLE

PLEASE ATTACH A SAMPLE OF YOUR HEADED PAPER TO THIS FORM