

ACCOUNT APPLICATION

Company details

Full name of applicant:

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.....

Trading name: (If different from above)

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.....

Invoice address:

.....
.....

.....
.....

Postcode:

Telephone:

Fax:

Email:

Web address:

Business type: (Please tick the correct box)

Limited company

Limited liability partnership

Partnership

Sole trader

If Partnership; full names & home addresses of all partners must be supplied. Attach separate sheet.

Registered office: (If different from above)

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.....

.....
.....

Registration number:

What is your main

trading activity:

In which industry:

Anticipated monthly

credit required £

Number of employees:

Office workers from this total:

Date trading commenced:

Invoicing details

Email address for receiving invoices:

.....
.....

Trade references

Name, address, telephone number and contact details of two principal suppliers:

Supplier one:

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.....

.....
.....

Value of monthly purchases:

Supplier two:

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.....

.....
.....

Value of monthly purchases:

Contacts

Email and telephone contacts are required for the following areas of communication.

Paying this account on time

Email:

Telephone:

Ordering

Email:

Telephone:

Almo Online

For online user details please supply a list on a separate sheet, detailing: name, email address and password.

Account application continues on page 2

ACCOUNT APPLICATION

Delivery addresses

Please list any additional delivery locations ensuring a full valid postcode is given for each. We require full contact information for each address including the floor number.

1.
Contact:
Floor:
Access times:
Address:
.....
.....
.....
Postcode:
Telephone:
Fax:
Email:

2.
Contact:
Floor:
Access times:
Address:
.....
.....
.....
Postcode:
Telephone:
Fax:
Email:

Please list additional delivery locations on a separate sheet and attach to this application.

Payment details

Information for BACs:
Account name: Almo limited
Account number: 11140802
Sort code: 16-00-35
Bank: Royal Bank of Scotland
Address: 14 High Street
Ealing Broadway Centre
London. W5 5EB
Fax remittance
advice to: 020 7237 6989

Invoicing

Std merge:
Month merge:

Reporting

Specify:
.....
.....
.....
.....

N.B.

All invoicing arrangements must be agreed with accounts department prior to going live.