

LAPS

LongAcre Plumbing Supplies

CREDIT ACCOUNT APPLICATION FORM

COMPANY NAME: _____ PHONE: _____
TRADING AS: (if appl.) _____ FAX: _____
BUSINESS TYPE: _____ CONTACT: _____

ACCOUNTING ADDRESS: _____ DELIVERY ADDRESS: _____

REGISTERING OFFICE ADDRESS: _____ REGISTERED NO: _____

_____ DATE REGISTERED: _____

(TICK AS APPROPRIATE) LIMITED COMPANY PARTNERSHIP SOLE PROPRIETOR
PRINT NAMES OF DIRECTORS/PROPRIETOR/PRINCIPAL PARTNERS: _____

ANTICIPATED MONTHLY CREDIT REQUIRED: _____
FINANCIAL YEAR END: _____
TURNOVER FOR LAST FINANCIAL YEAR: _____

NAME AND ADDRESS OF BANKERS IN THE U.K.: _____

ACCOUNT NUMBER & SORT CODE: _____

FULL NAME, ADDRESS, CONTACT NAME & TELEPHONE NUMBER OF 2 TRADE REFERENCES:

NAME: _____	NAME: _____
COMPANY: _____	COMPANY: _____
ADDRESS: _____	ADDRESS: _____
POSTCODE: _____	POSTCODE: _____
TEL NO: _____	TEL NO: _____

DECLARATION: I hereby submit the above information for the sole purpose of opening a Credit Account with LAPS (Aqualibrium UK Limited t/a). I acknowledge that all orders are accepted by LAPS in accordance with their terms and conditions of sale and agree that my company shall be bound by them in all transactions. Goods shall remain the property of LAPS until paid for in full.

SIGNED: _____ POSITION: _____
DATE: _____

FOR LAPS USE: Form ACCAPP v1.0
ACCOUNT NUMBER: _____
Category: _____
ALLOCATED CREDIT LIMIT: _____
TERRITORY: _____

LAPS
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