

QMS MANUAL SECTION 7 - FORMS ACCOUNT APPLICATION FORM

Please complete the following form & return for the attention of our Accounts Department to accounts@generalwelding.co.uk.

TRADING N	IAME:									
ADDRESS:										
POSTCODE	i:									
TELEPHONE:										
ACCOUNTS EMAIL:										
FAX:										
								.,,-		
Does your company accept S			Statements & Invoices via e					ES	NO	
STATUS		Lir	Limited Company		Pa	Partnership		Sole Trader		
			. ,			- 1		<u> </u>		
COMPANY REGISTRATION			#		EST	ESTABLISHED (YEAR				
FULL NAME OF DIRECTORS/PARTNERS/PROPRIETORS:										
FULL NAME	OF DIKE	CTORS/I	PARIN	ERS/PROPI	KIETOKS:					
CREDIT LIMIT REQUESTED)							
TRADE REF. #1 CO		COMPA	NY:							
, and the second		ADDRE	ADDRESS:							
TE		TEL:								
TRADE REF. #2 CO		COMPA	IPANY:							
ADI		ADDRE	SS:							
TEL:		TEL:								
I hereby agre- company/emp		ached ter	ms and	d conditions	of sale (GV	VS reference F	105) oı	n behal	f of my	
	- 									
SIGNED					PRINT					
DATE					POSITIO	N				