



NEW ACCOUNT SETUP PRO-FORMA



INVOICE FINANCE DETAILS

(ALL SECTIONS MUST BE COMPLETED IN FULL)

PROPRIETER/PARTNERS OR COMPANY NAME:

COMPANY TRADING NAME:
(IF DIFFERENT FROM ABOVE)

ADDRESS:
(INCLUDING POSTCODE)

PHONE NUMBER:

FAX NUMBER:

COMPANY REG NUMBER:
CREDIT LIMIT REQUIRED:

VAT REG NUMBER:

(BASED ON 60 DAY CREDIT TERMS)

ACCOUNT SET UP DETAILS

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DELIVERY HEADER NAME:

DELIVERY ADDRESS:
(IF DIFFERENT FROM ABOVE)

GROUP HEADER ACCOUNT REFERENCE:
(IF APPLICABLE)

PRICE LIST CODE:
(REP USE ONLY)

STATEMENT REQUIRED TO DELIVERY ADDRESS:

YES / NO

PURCHASE ORDER No REQUIRED:

YES / NO

ACCOUNTS CONTACT NAME:

TEL NUMBER:

CUSTOMER LIASON DETAILS

(ALL SECTIONS MUST BE COMPLETED IN FULL)

TELESALES REQUIRED:

YES / NO

DAY	MON	TUE	WED	THURS	FRI
TIME					

TELESALES CONTACT NAME:

TEL NUMBER:

EMAIL ADDRESS: (OPTIONAL)

REP CODE:

MOBILE NUMBER: (OPTIONAL)

(REP USE ONLY)

DELIVERY DETAILS

(ALL SECTIONS MUST BE COMPLETED IN FULL)

DELIVERY DAYS:

AGREED/PREFERED

MON	TUE	WED	THURS	FRI	SAT

DELIVERY WINDOW:

AGREED/PREFERED

EXPECTED START DATE:

SPECIAL DELIVERY INSTRUCTIONS: