

# ACCOUNT APPLICATION FORM

Please complete and return to us by email  
([mail@notecheckers.com](mailto:mail@notecheckers.com)) or fax (0161 884 0078).

**NoteCheckers.Com**

Enterprise House, 12 School Lane, Stockport, Cheshire, SK4 5DG  
Email: [mail@notecheckers.com](mailto:mail@notecheckers.com) Tel: 0161 408 8320

<b>NAME</b>	<b>REGISTERED OFFICE ADDRESS (LIMITED COMPANY) OR PRIVATE ADDRESS (UNLIMITED COMPANY)</b>
<b>POSITION IN COMPANY</b>	
<i>FULL BUSINESS NAME AND ADDRESS</i>	
POSTCODE	<b>ARE YOU ARE A LIMITED COMPANY?</b> <input type="checkbox"/> <b>COMPANY REG NUMBER</b> <input type="text"/>
TELEPHONE	PLEASE TICK: YES <input type="checkbox"/> NO <input type="checkbox"/>
FAX E MAIL	<b>NAME AND ADDRESS OF DIRECTORS OR PARTNERS</b> Please state if none
<b>V.A.T. No:</b>	
<b>DELIVERY ADDRESS IF DIFFERENT FROM ABOVE</b>	
	<b>HOW LONG ESTABLISHED</b>
	<input type="text"/> YEARS <input type="text"/> MONTHS
<b>CONTACT NAME AND TELEPHONE NUMBER OF YOUR PURCHASE LEDGER DEPARTMENT OR ACCOUNTANT</b>	<b>NATURE OF BUSINESS</b> (Manufacturer, single site operator etc.)
NAME	
TEL: EXTN:	<b>TYPE OF PREMISES</b> (Factory, Arcade, Home etc.)
<b>PLEASE GIVE NAME AND ADDRESSES OF TWO COMPANIES SUPPLYING GOODS ON CREDIT WHO MAY BE APPROACHED FOR REFERENCES</b>	<b>HOW MUCH CREDIT DO YOU WISH TO APPLY FOR?</b>
1	
TEL:	I/We make this application to open a credit account with NoteCheckers.Com I/We understand that your credit terms are that payment is due not later than 30 days from the date of the invoice and that, if granted credit I/we agree to pay in accordance with these terms. We understand that by signing this we have read and agreed to NoteCheckers.Com Conditions of Sale
2	SIGNED
TEL:	Date
<b>NoteCheckers.Com reserve the right to use a licensed credit-referencing agency and a search may be recorded on file.</b> I/We accept and abide by the terms and conditions of Trading of NoteCheckers.Com Authorised Customer signature _____ Date _____ (Must be a Director, Company Secretary or Proprietor) Salespersons signature _____ Date _____	

In an effort to improve efficiency we will be moving to an electronic invoicing system.

**Please provide an email address for your accounts:**

We also run a marketing Specials list. To be kept up to date with our best prices please enter any email or fax details to which you would like this information sent

**N.B. Should you prefer to stop receiving these documents, your details will be removed from our mailing list immediately**

Email 1:

Email 2:

Fax 1:

Fax 2:

FOR OFFICE USE: ISSUED BY

ACCOUNT NO:  DATE OPENED