



PAINT & PAPER
Quality Paint & Wallpapers

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ACCOUNT APPROVAL FORM

Please complete and return to address below: -

Account Name
Account Address
Post Code

Registered number
Date started trading
Contact Name
Tel
Fax
Type
Name and address of all directors/partners

Invoice Address (if different from above)

Bank

Bank Account Number
Sort Code
Tel Number

Trade Reference
Tel Number
Fax (if known)

Trade Reference
Tel Number
Fax (if known)
Email
Web

We wish to open a credit account for a maximum credit limit of £ per month and accept your settlement terms of payment before the end of the month following month of invoice.

Signed
Print name
Date
Position(s) held

Are you VAT registered? Yes/no. If yes please give vat number