



Kingswood House, South Road, Kingswood, Bristol BS15 8JF
TEL +44 (0)117 9671600 (9-5) TEL +44 (0)7906505074 24hrs

Account Application form

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT NAME: _____ POSITION _____

COMPANY REG: _____ COMPANY VAT: _____

Please fill out the next part for where the invoices are sent for processing & payment
(if different from above)

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT NAME: _____ POSITION _____

COMPANY REG: _____ COMPANY VAT: _____

Monthly statements will be sent where possible via email.

Please supply Accounts payable email address: _____

Monthly credit limit required:£ _____ Terms Strictly 30days from date of invoice.

Two credit References, Name and contact number.

1 _____

2 _____

All goods are carried out under RHA Terms & Conditions of carriage 2004 revised & are available on request.

Signature: _____ Print name: _____

Position in Compnay _____ Date _____

Company Reg No: 8640573
VAT No: GB 137 4961 89

Reg Office: Kingswood House
South Road Kingswood Bristol Bs15 8JF

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