

Account Application



Company name: _____

Company address: _____

Telephone: _____ Fax: _____

Email address: _____

Email address for invoices to be sent: _____

We are a paperless office and as such we send our invoices electronically. However if you require a paper copy please tick the box.

Where did you hear about us?: _____

BANK DETAILS

Bank Name: _____

Bank Address: _____

Account Number: _____ Sort Code: _____

TRADE REFERENCE

Company Name: _____

Company Address: _____

Contact Name: _____ Contact Number: _____

I accept on behalf of the company 3d Delivery's terms of payment of 30 days from invoice date. I also accept on behalf of the company 3d Delivery's terms and conditions of trade (terms and conditions are available upon request).

Name: _____ Position: _____

Signature: _____ Date: _____

Please fill out and fax back to **020 7580 8032**