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CREDIT ACCOUNT APPLICATION FORM FOR LIMITED COMPANIES/ PLC's

Please print this form, complete the following boxes and fax the completed form back to us on 01386 554227:

Company Name:	
Trading name (if different):	
Company Registration Number:	
VAT Registration No:	
Trading Address:	
Post Code:	
Tel No:	
Fax No:	
Contact Name:	
email:	
Statement address: (if different from trading address)	
Post Code:	
Tel No:	
Fax No:	
Contact Name:	
email:	
Bank Sort Code:	
Bank Account No:	

Please note that all invoices are due for payment within 30 days from the end of the month of invoice, and that by completing this form you agree to these payment terms, and our terms and conditions of sale, a copy of which are on web site: www.jjautomation.com

Signed:	Print Name	Position	Date: