ACCOUNT APPLICATION FORM

MTS Cleansing Services Ltd
Stanley House
Anthonys Way
Medway City Estate
Rochester, Kent
ME2 4NF
Tel: 01634 250326
Accounts Fax: 01634 256003
Transport Fax: 01634 256008

MTS Contact	Chris Henderson

Company Details

Business Name & Trading Address	Registered Name & Address
Tel: Fax:	Tel: Fax:
Invoice Address (if different from above)	**Directors Full Names**
Tel: Fax:	
Accounts Address (if different)	**Full Names & Addresses (if Partnership or Sole Trader)**
Tel: Acc.Email Add:- Fax:	Tel: Fax:
Purchasing Contact	VAT Registration No.
Accounts Contact	Company Registration No.
	Company SIC No.

Trade Reference

Please allow us time to obtain suitable trade and bank references. Phone & fax No's will speed this up.

1. Name & Address	2. Name & Address
Tel: Fax:	Tel: Fax:
3. Name & Address	**Bank Details**
Tel: Fax:	Name: Address: Account Name: Account No: Sort Code:

Monthly Credit Amount Required	£

PLEASE ATTACH A COPY OF YOUR LETTER HEADED PAPER

Declaration **It is our policy to obtain an understanding from the Financial Director or suitably authorised person that you accept that all sales between our businesses are made subject to MTS Cleansing Services Ltd standard terms and conditions and in particular payment will be made on a nett 30 days basis.**

Signed _____ Name (please print) _____
Position _____ Date ___/___/___

How did you hear about MTS Cleansing Services Ltd _____

INTERNAL USE ONLY

Account Reference		Application Date	
Date Opened		Date Received	
Credit Limited		Reviewed By	