



Account Application Form

Company Name:	
Registered Office Address & Post Code:	
Purchase Order No Required? (Yes/No) If Yes, Please Provide Your Purchase Order No. With This Form:	
Invoice Address & E Mail Address For Invoicing:	
Vat No:	
Company Reg Number:	
Company Reg Date:	
Telephone No:	
Fax No:	
Contact Name:	
Accounts Contact:	
Accounts Tel No:	
Accounts Fax No: Email Address:	
Annual Credit Limit Required:	
Bank Details:	PLEASE PROVIDE LETTER HEAD & BANK DETAILS
Bank Name:	
Bank Address:	
Sort Code:	
Account No/Bic:	
Iban No:	
Swift Code:	
Currency:	
Internal Info - Completed By Alba Beds Ltd:	
Service Provided - Inspection:	
House Account Yes/No Delete As Applicable:	
Authorised By:	
Terms Agreed:	
Acct No/Client Code:	
Date Signed:	