

Credit Account Application Form



1 Application Details	
Full Trading Title	
Address	
Postcode	
Company Reg No	VAT No
Main Tel No	
Purchasing Contact	
Years in Business	Order Numbers YES NO
Website Address	

2 Accounts Contact Information	
Name	
Tel No	
Email Address	
Preferred method for your accounts documents (Please state POST or EMAIL for each document)	
Statement	POST EMAIL
Invoice	POST EMAIL

3 Bank Details	
Name	
Address	
Postcode	
Title of Account	

4 Trade Reference 1	
Supplier Name	
Address	
Postcode	
Tel No	Fax No
Period Trading with Supplier	Main Trading Activity

5 Trade Reference 2	
Supplier Name	
Address	
Postcode	
Tel No	Fax No
Period Trading with Supplier	Main Trading Activity

6 Type of Account Required		
Credit/Debit Card	30 Day Credit	Credit Req'd

7 Online Ordering	
To activate online ordering please supply the following details.	
Contact Name	
Email Address	

8 Authorisation	
Name	
Signature	Date
	Position Held with Company

Internal Use Only					
Account Code	Credit Limit	Sales Rep	Customer Type	Approved By	Date

Please complete sections 1-8 and submit or return to:-

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