



Presspahn Limited Tel: +44 (0) 1274 636333  
Wharcliffe Works Fax: +44 (0) 1274 626024  
Harrogate Road  
Bradford  
BD2 3TB

## Account Application

Please complete the following information and return:

Company Name: \_\_\_\_\_

Accounts Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Activity: \_\_\_\_\_

Year of Company Formation: \_\_\_\_\_ Trading in above name since: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

Amount of Credit Required: \_\_\_\_\_

Purchase Ledger Manager: \_\_\_\_\_ Tel No(inc extension): \_\_\_\_\_

Chief Buyer: \_\_\_\_\_ Tel No(inc extension): \_\_\_\_\_

Financial Director:

(Who should be contacted if the account is not be maintained within our trading terms of 30 days end of month.)

Bank – Name & Address: \_\_\_\_\_

Account No: \_\_\_\_\_ Sort Code: \_\_\_\_\_

The Name and Address of two trade references are required.

Trade Reference (1): \_\_\_\_\_

Trading Since (1): \_\_\_\_\_

Trade Reference (2): \_\_\_\_\_

Trading Since (2): \_\_\_\_\_

(To be completed by person authorised to provide above information)

Name (BLOCK LETTERS): \_\_\_\_\_ Date: \_\_\_\_\_

I hereby apply for a Credit Account and understand that the conditions of trading with Presspahn Limited are: Payments to be made **within 30 days of invoice date..** I accept these terms and will ensure that payments are made within the timescale allowed.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_