



A.J. ACCESS PLATFORMS LTD
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Application for Credit Account

Company Name: _____

Invoice Address: _____

_____ Postcode: _____

Company Registration No: _____ VAT No: _____

Nature of Business: _____

Telephone: _____ Fax: _____

Website: _____ E-mail: _____

Contact Name (Accounts): _____ Tel: _____

Number of years trading: ____ Business Type: Ltd Plc Sole Trader Partnership Other

If not Ltd company, supply Trade Reference details below. (2 references are required)

Company (1): _____ Company (2): _____

Contact Name: _____ Contact Name: _____

Address: _____ Address: _____

_____ Postcode: _____ _____ Postcode: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Do you stipulate Order Numbers or have Special Requirements: _____

Signature: _____ Print Name: _____

Position: _____ Date: ____/____/____

Once completed please fax this form back on 01291 423236