

## NEW ACCOUNT APPLICATION FORM

Plasway Limited. Unit 2 Avery Trading Estate, Kenwood Road, North Reddish, Stockport SK5 6PH  
TEL: 0161 442 3372 FAX: 0161 442 2084

<p style="text-align: center;"><u>ACCOUNT NAME / ADDRESS</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Tel: _____ Fax: _____</p>	<p style="text-align: center;"><u>DELIVERY ADDRESS (IF DIFFERENT)</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Tel: _____ Fax: _____</p>
<p style="text-align: center;"><u>INVOICE ADDRESS (IF DIFFERENT)</u></p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;"><u>TRADE REFERENCE 1</u></p> <hr/> <hr/> <hr/> <hr/>
<p style="text-align: center;"><u>TRADE REFERENCE 2</u></p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;"><u>TRADE REFERENCE 3</u></p> <hr/> <hr/> <hr/> <hr/>

LIMITED COMPANY	PARTNERSHIP	SOLE TRADER
Date Established: _____	Date Established: _____	Date Established: _____
Registration No: _____	Name & Home Address: _____	Name & Home Address: _____
Address for the registered office: _____ _____ _____ _____	_____ _____ _____ _____ Tel: _____	_____ _____ _____ _____ Tel: _____
Month and year of last filed accounts: _____	Name & Home Address: _____	<p><b>PLEASE COMPLETE BANK DETAILS ON THE REVERSE OF THIS FORM, THEN SEND TO THE ABOVE ADDRESS OR FAX BOTH SIDES TO FAX NO: 0161 442 2084</b></p>
DIRECTORS: _____ _____ _____ _____	_____ _____ Tel: _____	
	Name & Home Address: _____	
	_____ _____ _____ _____ Tel: _____	

**TO BE COMPLETED BY ALL APPLICANTS**

Requested credit limit, terms strictly nett 30 days. \_\_\_\_\_

Person responsible for paying accounts. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

BANK DETAILS

ACCOUNT NAME \_\_\_\_\_

BANK / BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_