



Kingspan

CUSTOMER ACCOUNT APPLICATION FORM

PLEASE USE BLOCK CAPITALS

SECTION 1: COMPANY DETAILS					
Full Business Name and Address				Postcode	
Trading Name and Address (if different)				Postcode	
Contact Name				Contact No	
Nature of Business					
Registered Company	YES	NO	If yes reg no	Vat No	

SECTION 2: ACCOUNT DETAILS					
Invoice Address				Postcode	
Tel No				Fax No	
Bank Name and Address				Postcode	
Bank Sort Code				ACC No	

SECTION 3: TRADE REFERENCES (SUPPLIERS)				
Company Name				
Address				
Tel No		Fax No		Contact
Company Name				
Address				
Tel No		Fax No		Contact

SECTION 4: CREDIT AMOUNT AVAILABLE TO US				
Monthly Amount Credit Amount Agreed		A/C No allocated		Invoicing Accounting (days) please tick 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>
Authorised (print)		Signature		Date