



ACCOUNT APPLICATION FORM

Company Name

Full Postal Address

Postcode

Telephone Number

Fax Number

Registered Address

Postcode

VAT Number

Year Established

TRADE REFERENCE (1)

Name

Company Name

Full Postal Address

Postcode

TRADE REFERENCE (2)

Name

Company Name

Full Postal Address

Post Code

Post & Packing Warehouse Ltd.
01732 840 600

5 Liberty Square, Kings Hill,
West Malling, Kent ME19 4AU
info@postandpackinguk.com
www.postandpackinguk.com

Mobile Number

Email

Nature of Business

Accounts Contact

Accounts Email

Company Reg Number

Monthly Credit Limit

BANK DETAILS

Account Number

Sort Code

Account Name

Branch Address

Postcode

DOCUMENTS REQUIRED

- We require copies of the following:
- (1) Company Letterhead ✓
 - (2) Proof of Address i.e. utility bill ✓
 - (3) Director(s) & Company Secretary ID ✓



Post & Packing Warehouse Ltd.

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PAYMENT TERMS

Payment in full of the amount shown on the invoice is strictly due within 14 days after the invoice date. If payment is not received by the due date Post & Packing Warehouse Limited reserves the right to:

- Suspend / withdraw account facilities,
- Take legal action as required
- Appoint the services of a debt collection agent to obtain payment.
- Add interest to the debt at the prevailing rate.

WITHDRAWAL OF FACILITIES

If the customer is in breach of the payment terms Post & Packing Warehouse Limited reserves the right to:

- Refuse to accept any order from the customer until payment of the customer's account is up to date.
- Terminate its agreement and require payment in advance for the customer's order.
- Refuse to supply the customer with P&P goods and/or services.

DECLARATION

I/We hereby confirm that the information given in all parts is true and accurate and that I/we are not aware of any circumstance that would jeopardise my /our application.

I/We undertake to ensure that payment is received by, Post & Packing Warehouse Limited. within 14 days of the date of the Invoice. It is understood and agreed that adherence to this obligation is the essence of a contract between us.

Signed

Name (BLOCK LETTERS)

Position in Organisation

Date

Company Name

**** Please return this application form along with ALL required documentation to: Ms. J Garner, Post & Packing Warehouse Limited, 5 Liberty Square, Kings Hill, West Malling, Kent. ME19 4AU. Once checks are made, and your application is deemed successful you will be notified in writing.**