

APPLICATION FORM

PROFORMA INVOICE
 CASH ON DELIVERY
 CREDIT ACCOUNT

Company Name:	
Trading as:	
Address:	
Postcode:	
Type of Company:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership
VAT Number:	
Contact Name:	
Contact Email:	
Landline Telephone:	
Mobile Telephone:	

Delivery Address (if different from above):	
Contact Name:	
Contact Mobile No:	

Accounts Contact:	
Accounts Email:	
Accounts Telephone:	

Amount of Credit Requested:	
Registered Office Address (if different from above):	
Registration Number:	
Directors Name:	
Directors Name:	

BANK DETAILS FOR CREDIT ACCOUNTS

Bank Name:	
Branch:	
Account Number:	
Sort Code:	

I/We hereby agree the information given is correct and I/We agree to abide by the Terms and Conditions as set out by Sliders UK (Doors and Windows) Ltd, which can be viewed on our website. I/We also understand that if payments are not made to terms, credit facilities may be reduced or removed.

Signature (By Director/Owner)	
Printed Name:	
Position:	
Date:	