



Certificate No. 10526

ACCOUNT APPLICATION FORM

REGISTERED COMPANY NAME:	<u>ACCOUNTS USE ONLY</u>
DATE OF INCORPORATION/TRADING:	
COMPANY REGISTRATION NUMBER (LIMITED COMPANY ONLY)	
REGISTERED COMPANY ADDRESS:	
POSTCODE:	
PHONE NUMBER:	FAX NUMBER:
IF NOT COMPANY, NAMES & ADDRESSES OF PRINCIPALS:	
POSTCODE:	
PHONE NUMBER:	FAX NUMBER:
HAVE YOU ANY SPECIAL INVOICE REQUIREMENTS, e.g. ORDER NUMBERS?	
INVOICE ADDRESS: (IF DIFFERENT)	
POSTCODE:	
PHONE NUMBER:	FAX NUMBER:
NATURE OF BUSINESS:	
CREDIT LIMIT REQUESTED:	CONTACT NAME:

continued overleaf

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|--|--|---|---|
| <input type="checkbox"/> Head Office/Control
PO Box 600
Newport Pagnell
MK16 8YR
Tel: 01908 589309
Fax: 01908 216266 | <input type="checkbox"/> Newport Pagnell Depot
Newport Pagnell Service Area
Northbound M1 Motorway
Newport Pagnell
Tel: 01908 589312
Fax: 01908 216687 | <input type="checkbox"/> Northampton Depot
Unit 1c, Mansard Close
Westgate Ind Estate
Northampton NN5 5DL
Tel: 01604 591132
Fax: 01604 596483 | <input type="checkbox"/> Wellingborough Depot
16 Yeldon Court,
Finedon Road Ind Estate
Wellingborough
Northamptonshire NN8 4SS
Tel: 01933 272787
Fax: 01933 273563 |
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CMG Rescue Services - Account Application Form (continued)

BANK DETAILS: NAME:
ADDRESS:
POSTCODE:
ACCOUNT NO: SORT CODE:

TRADE REFERENCE (1)
NAME:
ADDRESS:
POSTCODE: PHONE NUMBER:

TRADE REFERENCE (2)
NAME:
ADDRESS:
POSTCODE: PHONE NUMBER:

Please supply a sample of your Company's headed note paper.

I/We understand and accept your terms of credit, i.e. payment by the 20th day of the month following dated of invoice, and [Terms and Conditions of Business](#).

SIGNATURE POSITION

PRINT NAME DATE