Client Account Application Form

By applying for a credit account you agree to be bound by our Terms & Conditions of Sale.

<u>Trading Information</u>				
Company Name: Address 1: Address 2:				CC GLOBAL
Address 3: Town / City: County: Post Code:				
Main Switch Board Tel: Main Switch Board Fax: General Email Address:				
Accounts Contact: Accounts Tel: Accounts Fax: Accounts Email:				WHITE RAPIDS
<u>Trading Style Information</u>				ST AUSTELL
We are a (please tick): Sole Trader	Partnership	Ltd co	Plc	CORNWALL PL25 5AN
If you are a sole trader or partnership please give full names, private addresses and telephone numbers of the proprietor or partners. If more space is required please use reverse. Please include post code.				T: +44 (0)1726 61119 F: +44 (0)1726 871110
Name: Address:	Name: Address:			e: sales@acglobaluk.com
Tel	Tel:			
If you are a Limited company pleas office address (if different from trad				
Company Name: Address 1: Address 2: Address 3: Town / City: County:				nādi <b>g</b>
Post Code: Registered Number:				PLEXIFAST
Length Of Time In Business:	years			
Bank Details				
Bank Name: Branch:				Card Card

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Sort Code:

Account Number: