

ACCOUNT APPLICATION FORM

MTS Cleansing Services Ltd

MTS House
 Unit 240, Kingsnorth Works
 Hoo, Rochester
 Kent
 ME3 9NZ
 Tel: 01634 250326
 Accounts Fax: 01634 256003
 Transport Fax: 01634 256008



MTS Contact	
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Company Details

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Business Name & Trading Address</td> </tr> <tr> <td style="height: 40px;"></td> </tr> <tr> <td>Tel: Fax:</td> </tr> <tr> <td style="text-align: center;">Invoice Address (if different from above)</td> </tr> <tr> <td style="height: 40px;"></td> </tr> <tr> <td>Tel: Fax:</td> </tr> <tr> <td style="text-align: center;">Accounts Address (if different)</td> </tr> <tr> <td style="height: 40px;"></td> </tr> <tr> <td>Tel: Fax:</td> </tr> <tr> <td>Purchasing Contact</td> </tr> <tr> <td>Accounts Contact</td> </tr> </table>	Business Name & Trading Address		Tel: Fax:	Invoice Address (if different from above)		Tel: Fax:	Accounts Address (if different)		Tel: Fax:	Purchasing Contact	Accounts Contact	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Registered Name & Address</td> </tr> <tr> <td style="height: 40px;"></td> </tr> <tr> <td>Tel: Fax:</td> </tr> <tr> <td style="text-align: center;">Directors Full Names</td> </tr> <tr> <td style="height: 40px;"></td> </tr> <tr> <td style="text-align: center;">Full Names & Addresses (if Partnership or Sole Trader)</td> </tr> <tr> <td style="height: 40px;"></td> </tr> <tr> <td>Tel: Fax:</td> </tr> <tr> <td>VAT Registration No.</td> </tr> <tr> <td>Company Registration No.</td> </tr> </table>	Registered Name & Address		Tel: Fax:	Directors Full Names		Full Names & Addresses (if Partnership or Sole Trader)		Tel: Fax:	VAT Registration No.	Company Registration No.
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Trade Reference

Please allow us time to obtain suitable trade and bank references. Phone & fax No's will speed this up.

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Monthly Credit Amount Required	£
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PLEASE ATTACH A COPY OF YOUR LETTER HEADED PAPER

Declaration

It is our policy to obtain an understanding from the Financial Director or suitably authorised person that you accept that all sales between our businesses are made subject to MTS Cleansing Services Ltd standard terms and conditions and in particular payment will be made on a nett 30 days basis

Signed _____	Name (please print) _____
Position _____	Date ____/____/____

How did you hear about MTS Cleansing Services Ltd _____

INTERNAL USE ONLY

Account Reference	Application Date
Date Opened	Date Received
Credit Limited	Reviewed By