



CUSTOMER ACCOUNT FORM

YOUR COMPANY DETAILS

Full trading name & address of applicant:

Tel:

Please tick if: Ltd. Company PLC Partnership Sole Trader

If you are a Ltd. Company or PLC please supply registration No.:

VAT Number: Date commenced trading:

Invoice email address:

Registered office address (if different to above):

Statement address (if different to above):

If not a company, names of owner/partners: (1) (2)
(3) (4) (5)

Name of person responsible for making payments on time:

Tel: Email:

BANK DETAILS

Bank name:

Account name:

Account No.: Sort code:

DECLARATION BY APPLICANT

I, being an authorised officer of the above named business, agree to the terms and conditions attached, and agree that payment of all accounts will be received by you (our supplier) within your stated terms.

Signed: Name (Please Print):

Position: Date:

Please detach this form from the Terms & Conditions and return to Saxon Packaging marked for the attention of the Accounts Department.

OFFICE USE ONLY:

Spocs Customer Account Code:

SAP Customer Account Code:

Expected Sales – next 12 months:

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