

NEW CUSTOMER FORM

EPM (ESSEX) LTD
24 Tudor Way
Hawkwell
ESSEX SS5 4EY



0800 146 316

1. REGISTERED NAME	8. REGISTERED OFFICE ADDRESS
2. CO. REGISTRATION NUMBER VAT REGITRATION NUMBER	9. INVOICE ADDRESS (if different)
3. DATE COMMENCED TRADING	
4. TRADING NAME	10. OPPERATIONS CONTACT ACCOUNTS CONTACT
TEL FAX	11. BANK ADDRESS AMOUNT OF CREDIT REQUIRED
5. DIRECTORS NAMES	
6. TRADE REFERENCE 1	12. ACCOUNT NAME SORT CODE ACCOUNT NO. NUMBER OF YEARS/MONTHS HELD
7. TRADE REFERENCE 2	PLEASE CONFIRM HOW PAYMENT WILL BE MADE CHEQUE BACS PAYMENT

THE APPLICATION WILL BE RESPONSIBLE FOR THE PAYMENT OF ALL INDEBTEDNESS WHEN THE ACCOUNT NUMBER ALLOCATED IS GIVEN, IRRESPECTIVE OF WHO GIVES THE INSTRUCTIONS. IT IS THEREFORE IMPORTANT THAT ONLY APPROVED PERSONNEL ARE ALLOWED ACCESS TO THE ACCOUNT NUMBER.

DECLARATION

I/WE ACCEPT THE CREDIT TERMS OFFERED BY EPM (ESSEX) LTD. UNDER WHICH PAYMENT OF ALL ACCOUNTS MUST BE RECEIVED NO LATER THAN **30 DAYS** FROM THE DATE OF ANY INVOICE. FAILURE TO PAY ACCOUNTS AS SPECIFIED WILL RENDER ALL UNPAID ACCOUNTS IMMEDIATLEY PAYABLE AND DUE. THE INFORMATION SHOWN ABOVE IS ACCURATE IN ALL RESPECTS. I/WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS, AS MAY BE AMENDED FROM TIME TO TIME.

ONLY AUTHORISED SIGNATORY TO COMPLETE THIS SECTION

SIGNED: **PRINT NAME:** **POSITION:** **DATE:**

OFFICE USE ONLY: **DATE OPENED:** **ACCOUNT NO:** **CREDIT LIMIT:**