



CUSTOMER ACCOUNT APPLICATION FORM

Please return this form when completed for the attention of:

accounts@nxgenlifting.co.uk

Company	
Invoice	
Address:	
Post Code	
VAT Reg No.	
UTR	
End User	Yes or No

Business Structure :	Company Registration Number
Limited Company	
Reg. Office Address	
Details of Directors	
Sole Trader	
Partnership	Please specify
Other	

Contact Details (Accounts)

Telephone	
Email	
Contact	

Contact Details (Other)

Telephone	
Email	
Contact Name	

Credit Limit Requested*

Would you please let us have two trade references....thank you

Reference 1	
Company	
Address	
Post Code	
Contact	
Telephone	
Fax	

Reference 2	
Company	
Address	
Post Code	
Contact Name	
Telephone	
Fax	

FORM COMPLETED BY :

Name

Date

Position

* Credit limit requested means the balance outstanding on your account at any one time. If you exceed your assigned limit, we may ask for interim payment to bring your account back within terms agreed.

PLEASE NOTE THAT APPLICATION FOR A CREDIT ACCOUNT INDICATES YOUR WILLINGNESS FOR US TO APPLY FOR A CREDIT CHECK, TO CONTACT YOUR TRADE REFERENCES AND ACKNOWLEDGES ACCEPTANCE OF OUR CREDIT TERMS BELOW. THANK YOU