

CUSTOMER ACCOUNT FORM

Please indicate Company status

LTD

PLC

Partnership

Sole Prioprietor

Company Name _____

and/or Trading Name _____

Trading Address _____

Invoice address (if different) _____

Postcode _____

Postcode _____

Tel No _____

Tel No _____

Fax No _____

Fax No _____

Email _____

Email _____

CONTACT NAMES

Sales Director _____

Managing Director _____

Accounts _____

Buyer _____

Name(s) of Proprietor/Partners (all partners must be listed) _____

Home address of Proprietor/Partners: _____

Please provide two references

Name _____

Telephone Number _____

Company _____

Fax Number _____

Name _____

Telephone Number _____

Company _____

Fax Number _____

Terms & Conditions can be found at www.containerking.co.uk, or contact the office on 01724 870000 for a hard copy. I/we have seen and agree to abide by the Terms & Conditions set by ContainerKing Limited. I/we agreed to make a payment no later than 30 days of invoice, or as specified by the Terms of Agreement, including that requested prior to delivery. I/we accept that in the case of sales transactions, all goods remain the property of ContainerKing Limited and title does not pass until payment is received and cleared in full

Authorised Signature

Date

Print Name

Title

The individual signing above must be an authorised signatory for the Company/individual(s) listed above