

Application	For	m							
Trading Title									
Address									
(in full)									
Full names of:		First	irst			Second (If Applicable)			
(Proprietors)									
(Partners)									
(Directors)									
Limited Company		Partnership			Sole Trader				
Type of Busines	s:	*			Date Established				
Monthly Credit	Requi	red:							
Company Registration No.:				VAT Registration No.:					
Business Tel No.:				Business Fax No.:					
e-mail:				Website:					
Bank Name				Branch:					
Sort Code:				Account No.:					
Trade Reference (1)				Trade Reference (2)					
Company				Compai	ny				
Address				Address	s				
Contact	ontact			Contact					
Tel No.	Tel No.				Tel No.				
						ļ			
I/We wish to oper	n a cre	dit account with	vour company and	d understa	and	I that your p	payment terms are 30 c	lavs nett	
fromdate of Invoi	ce. We	acknowledge th	nat all goods suppl	ied remai	n tl	he property	of PES Group Ltd until		
by cleared funds.	We als	so give permissio	n for the above ref	erences to	o be	e approache	ed in confidentiality.		
	-			y availabl	le o	n request).	Please submit a copy o	f your	
letterheaded pap	er wit	h this application	1).						
Name				Position in Company					
				_					
Signed				Date					