



KING CONCRETE LTD

ACCOUNT OPENING APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS AND EMAIL TO US WITH A SHEET OF YOUR HEADED PAPER TO enquiries@kingconcrete.co.uk

DATA REQUIRED	TO BE COMPLETED BY CUSTOMER
Company Name Limited Company, Partnership or Sole Proprietor Please supply relevant names and address	
Company Address	Street: _____ _____ County: _____ Post Code: _____ Telephone Number: _____ Email: _____ VAT Number: _____
Company Reg. No: If Limited Company	
Reg. Office address: If different from above	Street: _____ County: _____ Post Code: _____
Invoice address: If different from above	_____ _____ _____ _____

Account Dept.	Name: _____ Email: _____ Tel: _____
Name of Director:	Name: _____ Signature: _____

BANK DETAILS:	
Name of Bank:	
Address of Bank:	Branch name: _____
	Street: _____
	County: _____
	Post Code: _____
Sort Code:	
Account Number:	

1 st Trade Reference	Company Name: _____
	Address: _____
	Contact name: _____
	Telephone no: _____
2 nd Trade Reference	Company Name: _____
	Address: _____
	Contact name: _____
	Telephone no: _____
Credit Limit required:	
Number of years trading:	
Date of application:	

The type of account issued (i.e. 7 or 30 day) will be subject to the credit search.