



Account Application Form

Full Company Name	
Limited Company □ Non Limited Company □	
Registered Office Address	
County	Postcode
Tel.	Email
Company Registration No.	VAT Registration No.
Registered Charity Yes □ No □	
If Yes, please state charity registration no. and enclose copy of certificate	
Invoice/Statement Address (if different)	Delivery Address (if different)
County	County
Postcode	Postcode
Tel.	Tel.
Email Must be completed	Email
Credit limit requested	Buyers name
Current Trading currency	Tel.
Industry	Email
I acknowledge receipt of Cleansing Solutions Limited Terms and Conditions of Sale and agree to be bound by these terms. Particularly I understand the payment terms and Returnable Packaging and Ancillary Charges.	
I further understand that failure to comply with these terms may result in the credit account being put on stop and any outstanding orders being held, pending payment.	
I understand that information processed in this form is for account creation and reference only.	
I confirm that we may contact you at a future date to request details for a trade reference.	
I confirm that we may use a third party credit reference agency to obtain and monitor your financial information on an ongoing basis. I confirm that I accept that these terms will apply for all future transactions and that any amendments requested by us shall only apply if agreed	
in writing by both parties. I confirm that I have the authority to apply to open this account.	
Accepted by (print full name)	Signed
Position	Date