



GB Tools LTD

Unit B17, Ashmount Enterprise Park, Aber Road, Flint CH6 5YL

Tel: 01352 733 922

CUSTOMER ACCOUNT APPLICATION FORM

FULL REGISTERED NAME :	_____
COMPANY REGISTERED NUMBER :	_____
VAT REGISTRATION NUMBER (If Applicable)	_____

ACCOUNTS NAME AND ADDRESS :	DELIVERY NAME & ADDRESS :
Country _____	Country _____
Post Code _____	Post Code _____
Accounts Contact _____	Accounts Contact _____
Accounts e-mail _____	Accounts e-mail _____
Tel.No. _____	Tel.No. _____
Fax No _____	Fax No _____

PROPOSED CREDIT FACILITY :

PAYMENT METHOD
For UK Customers Only

Cheque or BACS

BANKER'S NAME AND ADDRESS :	BANK ACCOUNT
	NUMBER : _____
	IBAN NUMBER _____
	SORT CODE : _____
	SWIFT CODE _____
	OTHER BANK REFS _____

DECLARATION BY DIRECTOR / PARTNER OF COMPANY :

Authorised Signature :

Date :

Print Name and Position :

FOR INTERNAL USE ONLY

Authorised by :	Date Authorised :	Account Code :
VAT Code	Currency Code	Country
Payment Terms	Delivery Terms	Mode of Transport
Payment Type	Payment Terms	
Currency Code	Sales Area :	