**ACCOUNT APPLICATION FORM**

|  |  |
| --- | --- |
| Trading Title |  |
| Company Registration No |  |
| Date Business Established |  |
| Invoice Address |  |
|  |  |
|  |  |
|  |  |
| Post Code |  |
| Telephone Number |  |
| Email |  |
| Purchasing Managers Name |  |
| Telephone Number |  |
| Email |  |
| Account Managers Name |  |
| Telephone Number |  |
| Email |  |
| Business Category/Type |  |
|  |  |
| Bank Details Name & Address |  |
|  |
|  |  |
|  |  |
|  |  |
| Bank Account Number |  |
|  |  |
| Trade References |  |
|  |  |
| Trade Reference 1 |  |
| Name & Address |  |
|  |  |
|  |  |
|  |  |
| Contact Name |  |
| Contact Tel No |  |
|  |  |
| Trade Reference 2 |  |
| Name & Address |  |
|  |  |
|  |  |
|  |  |
| Contact Name |  |
| Contact Tel No |  |
| Payment Terms | 30 days Net Monthly - |
| Signature |  |
| Print Name |  |
| Date |  |

Upon completion, please either email to [accounts@hertings.com](mailto:accounts@hertings.com) or hand to your Hertings Representative

**F P Herting & Son Plc – Frederick House, 25 Armstrong Way, Southall UB2 4SD**

**Tel: 020 8606 7000 Fax: 020 8606 7010 Web: www.hertings.com**