



ACCOUNT APPLICATION FORM

Company Details	
Company Name:	
Invoice Address:	
Post Code:	
Telephone:	
Fax:	
E-Mail:	
Website:	
Delivery Details (please e-mail further delivery addresses if applicable)	
Address:	
Post Code:	
Accounts Contact Details	
Name:	
Telephone:	
Mobile:	
E-Mail (for invoices & statements):	
Web Login (please complete if you'd like to shop and browse online)	
Username or E-mail Address	
Sales Contact Details	
Sales Contact (Main)	
Name:	
Telephone:	
Mobile:	
E-Mail:	
Sales Contact (Secondary)	
Name:	
Telephone:	
Mobile:	
E-Mail:	
Completed By:	
Date:	

Please tick this box if you would like the e-mails listed to be added to our e-mail distribution list.

We take data protection seriously. We would like to hold the contact details you have given for customer service requirements. Please tick this box to allow us to hold these details.

Payment terms are 30 day after month end. Please tick to confirm you accept these terms.

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Please e-mail this form back to sales@discountedofficesupplies.co.uk or fax to 01383 829944.