

ABOX STORAGE SOLUTIONS LTD CREDIT ACCOUNT APPLICATION FORM

PART A – To be completed by all customers.

Trading name: _____

Trading address: _____

Invoice address: _____

Telephone No: _____ Fax No: _____

Bank name and address: _____

Account No.: _____ Sort code: _____ Amount of credit required: £ _____

Trade reference 1 _____ Trade reference 2 _____

Address: _____ Address: _____

Tel No.: _____ Tel No.: _____

Part B – to be completed by Sole Traders and Partnerships

Name 1 _____ Name 2 _____

Home address: _____ Home address: _____

Tel No.: _____ Tel No.: _____

Part C – to be completed by limited companies

Registered office _____ Registration No: _____

Holding company _____ Date of incorporation: _____

Declaration: I have read and understood the Terms and Conditions laid down by Abox Storage Solutions Ltd and agree to abide with them. I agree to Abox Storage Solutions Ltd contacting the above bank and passing the above information to NCM Gerling Insurance.

Signed _____ Position _____