

ACCOUNT APPLICATION

PLEASE ANSWER ALL QUESTIONS



Organisation Details

Organisation Name: Mandatory Field Date Established: Mandatory Field

Are you: Please tick Limited Company Partnership Individual State/Gov Dept

Reg. Charity/ Company No. (if applicable)

Organisation Type: Please tick School University Installer/ Contractor

Private Hearing Aid Dispenser NHS PCT/Hospital Private Health

GP/ Occ. Health Reseller/ Trade Local Authority Reg. Charity/ Not for profit

Invoice Address: Mandatory Field

Postcode: Mandatory Field

Email: Please enter Website: Mandatory Field

Switchboard: Please enter Fax: Please enter

Contact Name: Mandatory Field Phone: Please enter

Delivery address: (if different from above):

Postcode: Please enter

Email: Please enter

Contact Name: Mandatory Field Phone: Please enter

Banking

Business Bank: Mandatory Field

Branch/Address:

Account Name: Mandatory Field Sort: Please enter Account No: Mandatory Field

Trade References – please supply full details of 2 referees

Name: Mandatory Field Duration of Account: _____

Address: Mandatory Field Account Number: _____

Postcode: _____

Phone: Mandatory Field Email: _____

Name: Please enter Duration of Account: _____

Address: Mandatory Field Account Number: _____

Postcode: _____

Phone: Mandatory Field Email: _____

Estimated Monthly Spend: £ Credit Limit you are applying for: £

Application follows conversations with (please insert your contact at PC Werth):

CREDIT POLICY: Payment terms are strictly Nett 30 days Monthly. Orders are Pro-forma/CWO until credit is established.

Signature(s): Mandatory Field Date: _____

Name: Mandatory Field

