

# ACCOUNT APPLICATION

PLEASE ANSWER ALL QUESTIONS

# PC Werth

A Warner Tech-care® Company

## Organisation Details

Organisation Name: Mandatory Field Date Established: Mandatory Field

Are you: <b>Please tick</b>	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Individual <input type="checkbox"/>	State/Gov Dept <input type="checkbox"/>
Reg. Charity/ Company No. (if applicable)	<input type="text"/>	VAT No. (if applicable)		
Organisation Type: <b>Please tick</b>	School <input type="checkbox"/>	University <input type="checkbox"/>	Installer/ Contractor <input type="checkbox"/>	
	Private Hearing Aid Dispenser <input type="checkbox"/>	NHS PCT/Hospital <input type="checkbox"/>	Private Health <input type="checkbox"/>	
GP/ Occ. Health <input type="checkbox"/>	Reseller/ Trade <input type="checkbox"/>	Local Authority <input type="checkbox"/>	Reg. Charity/ Not for profit <input type="checkbox"/>	

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: <u>Mandatory Field</u>	Duration of Account: .....
Address: <u>Mandatory Field</u>	Account Number: .....
	Postcode: .....
Phone: <u>Mandatory Field</u>	Email: .....
Name: <u>Please enter</u>	Duration of Account: .....
Address: <u>Mandatory Field</u>	Account Number: .....
	Postcode: .....
Phone: <u>Mandatory Field</u>	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

