

Holmes Of Heathrow LTD
Wraysbury House
Poyle Road
Colnbrook
Berkshire
SL3 0AY

Tel 01753 684433
Fax 01753 684110

EMAIL accounts@holmesofheathrow.co.uk
SALES sales@holmesofheathrow.co.uk

APPLICATION FOR ACCOUNT FACILITIES (Please complete in full)

Contact Details

| | |
|----------------------------|-----------------------|
| Company Name | _____ |
| Address | _____ |
| | _____ |
| | _____ Post Code _____ |
| Telephone | _____ Facsimile _____ |
| Contact | _____ Title _____ |
| (Contact name is required) | |

Company Details

| | |
|---|--------------------------------|
| Limited Company <input type="checkbox"/> | Registration Number _____ |
| Partnership <input type="checkbox"/> | |
| Sole Trader <input type="checkbox"/> | Company VAT registration _____ |
| Date of Registration (or) Date of Commencement of Trading _____ | |
| Main Business Activity _____ | |
| Please give the names and addresses of two Company Officers or Principal Partners | |
| 1. | _____ |
| | _____ |
| 2. | _____ |
| | _____ |

Invoicing Details

| | |
|---|-------|
| Please give details of who invoices should be sent to (Invoices sent via email) | |
| Name | _____ |
| Telephone | _____ |
| email | _____ |
| any cc | _____ |

Bank Details

| | |
|----------------|-----------------------|
| Name of Bank | _____ |
| Address | _____ |
| | _____ Post Code _____ |
| Telephone | _____ Facsimile _____ |
| Account Number | _____ Sort Code _____ |

Declaration

| | |
|---|------------------|
| We wish to apply for credit facilities with Holmes Of Heathrow Ltd and agree to be bound by their terms and conditions, a copy of which can be made available on request. | |
| Requested Credit Limit _____ | Signed _____ |
| Date _____ | Print Name _____ |