



ALGAR AIR

COMPRESSED AIR ENGINEERS



Unit 2, Bessemer Court, 2 Trent Street, Sheffield, S9 3XU
Tel: 0114 2432347 Fax: 0114 2443224
sales@algarair.co.uk

Application to open Monthly Account Facilities

DATE:.....
COMPANY NAME:
INVOICE ADDRESS.....

POST CODE:
COMPANY
REGISTRATION NO.....

ACCOUNTS CONTACT.....
TELEPHONE NO. EMAIL.....
PURCHASING CONTACT.....
TELEPHONE NO. EMAIL.....

DELIVERY ADDRESS.....
POST CODE:

ULTIMATE HOLDING COMPANY (IF ANY):
WHAT IS THE NATURE OF YOUR BUSINESS:.....
CREDIT LIMIT REQUESTED:

IF YOU ARE NOT A LIMITED COMPANY PLEASE COMPLETE THE FOLLOWING SECTION TO
ENABLE US TO PROCESS THIS APPLICATION.

OWNER/PARTNER NAME:.....
ADDRESS
POST CODE

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ADDRESS
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Application to open Monthly Account Facilities...CONTINUED

PLEASE PROVIDE TWO TRADE REFERENCES:

NAME:

ACCT CONTACT

ADDRESS

.....

POST CODE

TELEPHONE.....

FAX NO.

EMAIL

BANK:

ADDRESS

.....

POST CODE

ACCOUNT NO.....

SORT CODE.....

PLEASE SUPPLY A SAMPLE OF AN OFFICIAL ORDER OR A LETTERHEAD WITH YOUR APPLICATION.

TERMS OF CONTRACT

OUR CREDIT TERMS ARE 30 DAYS FROM RECEIPT OF INVOICE. IF PAYMENT IS NOT RECEIVED WITHIN THIS TIME, REMINDER LETTERS WILL BE ISSUED AND CREDIT FACILITIES WILL BE WITHDRAWN.

PLEASE FIND TO FOLLOW CONDITIONS OF SALES.

I'VE READ AND ACCEPTED THE TERMS AND CONDITIONS OF SALE, TAKING NOTICE OF CLAUSE 4 AND CLAUSE 9, IN RESPECT OF TERMS OF PAYMENT, RISK AND TITLE. I GIVE PERMISSION FOR MY BANK TO BE CONTACTED FOR A CREDIT REFERENCE IF REQUIRED.

SIGNATURE..... POSITION.....
DATE.....

