



GLOBAL HEADQUARTERS

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CUSTOMER ACCOUNT FORM V1.0

Company Name	
Address	
City	
Province	
Country	
Postal Code	
Telephone No	
Fax No	
Company Registration No	
VAT Registration No	
Company Type (delete as appropriate)	Public Limited Company (PLC) / Private Limited Company (Ltd) / Partnership / Sole Trader / Other (Please specify)

Accounts Payable Contact	
Email Address	
Telephone No	

Credit Limit Request	
Preferred Currency (delete as appropriate)	\$ USD DOLLARS / \$ CAD DOLLARS / £ POUND STERLING / € EUROS (Please specify)

I hereby certify that I am duly authorized to complete this application and the information contained herein is complete and accurate. This information has been furnished with the understanding that it may be used to determine the amount and conditions of any credit to be extended, however should further investigations of our credit standing be required we hereby authorize these to be made. We hereby accept your terms and conditions of sale, a copy of which has been provided to us.

Signature		Date	
Title			