

COMPANY DETAILS

Company Name:

Address:

Post Code:

Phone:

Email:

Company Registration Number:

VAT Number:

COMPANY BANK DETAILS

Bank Name:

Bank Address:

Post Code:

Sort Code:

Account Number:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days in writing.
3. By submitting this application, you authorise Specialised Tools & Equipment Ltd to make enquiries into the banking details you have supplied, e.g. carrying out a credit check.

SIGNATURE

Signature:

Print Name:

Date: