



A Shareholder Member Of



ACCOUNT APPLICATION FORM
Tel: 01924 422 456 Fax: 01924 422 437

COMPANY NAME:	TRADING NAME: (IF DIFFERENT)
ADDRESS OF REGISTERED OFFICE:	TRADING ADDRESS: (IF DIFFERENT)
Tel: _____ Fax: _____	Tel: _____ Fax: _____
CO. REG NO:	NO. OF YEARS TRADING:
DIRECTORS/PARTNERS: NAME: _____ ADDRESS: _____	
INVOICING ADDRESS: _____	
Tel: _____ Fax: _____	
BANKERS NAME & ADDRESS: _____	
Tel: _____ Fax: _____	SORT CODE: ACCOUNT NO:
NAMES AND ADDRESSES OF TWO TRADE REFERENCES: 1. _____	2. _____
Tel: _____ Fax: _____	Tel: _____ Fax: _____
ANTICIPATED MONTHLY SPEND: _____	
SIGNATURE:	PRINT NAME:
DATE:	POSITION:

PLEASE ATTACH A COPY OF YOUR COMPANY LETTERHEAD WITH THIS FORM AND RETURN TO:
Bedfords Ltd
Pheasant Drive, Gelderd Road Ind Est,
Birstall, West Yorkshire, WF17 9LT

Account payments are due 30 days for date of invoice.

All goods carried are subject to RHA conditions of Carriage, copies of which are available on request