

**PLEASE FAX BACK ONCE COMPLETED
TO 01494 531298**

Heath Press

FIRST • FOR • LASTING • IMPRESSIONS

Date: _____ Credit Required: _____

Trading Name: _____ Address: _____

Telephone: _____

Credit Control Contact How long has the company been in business? _____

Name: _____ Annual Turnover? _____

Telephone: _____

Facsimile: _____ Sole Trader Partnership

Email: _____ Limited Company Public Limited Company

If a Registered Company please state

Registered Company Name: _____

Registered Office: _____

Company Name: _____

If Sole Trader or partnership please state names and address(es)

Name: _____ Name: _____

Address: _____ Address: _____

References

Bankers: _____

Address: _____

Account Number: _____ Sort Code: _____

1st Trade Reference

Address: _____

Contact: _____ Telephone: _____

2nd Trade Reference

Address: _____

Contact: _____ Telephone: _____

Signed on behalf of applicant

I confirm that the above details are correct and that we have received and agree to the terms and conditions of Heath Press (HW) Ltd. I hereby authorise my bankers, as details above to supply their normal credit status reference to Heath Press (HW) Ltd.

Name: _____ Position: _____

Heath Press (HW) Limited Harrem House Ogilvie Road
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