



Please complete as much of this form as possible, as it helps us setup your account correctly on our system.

BUSINESS CONTACT INFORMATION				
Full Company Name				
Registered Company Address				
Post Code				
Phone				
Fax				
Email				
Website				
Accounts Contact Name				
Accounts Contact Tel No				
Accounts Email				
Sales Contact Name				
Sales Contact Tel No				
Sales Contact Email				
Date business commenced				
☐ Sole ☐ Partnersh	nip Corporation	n □ Limited	□ Other	
Company Reg No:				
VAT Number				
Amount of Monthly Credit Required				

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 seven working days.
- 3. By submitting this application, you authorise Christy Hydraulics to make enquiries into the banking and business/trade references that you have supplied.

SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	