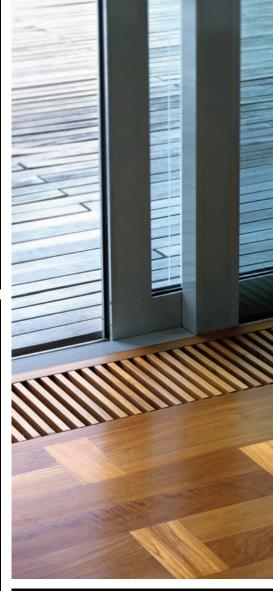


Fire

Performance Glass Processing Ltd









new customer account application



www.PerformanceGlass.co.uk

new customer account application www.PerformanceGlass.co.uk

Please provide the name of the person who recommended our company to you:

Please confirm the company they work for:

Please confirm their contact number:

| Company Details |
|--|
| Full Company Name: |
| Type of Company: Limited / Sole Trader / Partnership / PLC |
| Co. Registration No: Established: |
| VAT Registered: Yes / No VAT. Registration No: |
| Business Address: |
| |
| Postcode: |
| Tel: Fax: LLLLLLLL |
| Director(s): |
| Accounts Dept. Contact: |
| Name Email Email. |
| Trade References |
| Contact Name: Company Name: |
| Business Address: |
| |
| Postcode: |
| Tel: Fax: Fax: |
| Contact Name: Company Name: |
| Business Address: |
| |
| Postcode: |
| |

| Payment Details | |
|---|---|
| Apx. Level of Credit Requir | e d : |
| | |
| | |
| Bank Details | |
| Bank / Building Society Na | m e : |
| | |
| | |
| | |
| Bank Acc. No: | Bank Sort Code: |
| available on | conditions are attached, and are request at any time. d by these terms and conditions only |
| Authorisation | |
| Authorised Signature of Ap | plicant: |
| Printed Name of Signatory: | |
| Date: | |
| Position Within Business: | |
| Direct Email Address: | |
| | |
| For Office Use Only Credit Limit Given: | ' : |
| Payment Terms In Force: | |
| Authorised by (Name): | |
| Authorised by (Signature): | |
| Date: | |

Please Return this form to (Fax) 01422 861126 (or email) sales@performanceglass.co.uk

Please include a copy of your company letterhead.

Unit 8 Brighouse Trade Park
Armytage Road Industrial Estate
Brighouse
HD6 1QZ

Tel: 01422 861116

Fax: 01422 861126 W: www.PerformanceGlass.co.uk

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