



**BLOCKADE SERVICES LIMITED**

Unit O Lambs Business Park,  
 Tilburstow Hill Road,  
 South Godstone, Surrey, RH9 8LJ  
 T: 01342 893806 A/c's: 01342 893174  
 F: 01342 893158 Mobile: 07736 066723  
 e-mail: info@blockadeservices.co.uk  
 Web: www.blockadeservices.co.uk

**ACCOUNT APPLICATION FORM 30 DAY**

Business Trading Name - .....

Business Trading Address - .....

..... Post Code - .....

Main Tel No. - ..... Main Fax No. - .....

Mobile Tel No. - ..... (Mobile Contact Name).....

Main Email Address - .....

Purchase Ledger Tel No. - .....

Purchase Ledger Email Address - .....

Type of Business -

Public Limited Company \_\_\_ Private Limited Company\_\_\_ Sole Trader \_\_\_ Partnership \_\_\_

Are any of the directors, owners or partners in this business un-discharged bankrupts? YES / NO

**Limited Companies Only**

Company Registration No. - .....

Date of Formation - ..... Parent Company .....

Bank Name & Branch - ..... Sort Code - .....

Account No. - .....

**Sole Traders / Partnerships Only - Home Address(es) of Proprietor / All Partners**

Full Name - ..... D O B .....

Home Address - .....

..... Post Code - .....

Full Name - ..... D O B .....

Home Address - .....

..... Post Code - .....

Please provide your business / personal bank account details where payment will be made from -

Account Name - ..... Sort Code - .....

Account No. - .....

Names of people Authorised to Place Orders -

Full Name - ..... Position - .....

Full Name - ..... Position - .....



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**All Applicants**

Order Number Required ? YES / NO - If yes please ensure all purchase orders are emailed to [accounts@blockadeservices.co.uk](mailto:accounts@blockadeservices.co.uk) or faxed to 01342 893158

Names of People Authorised to Make Payment –

Full Name - ..... Position - .....

Email - .....

Full Name - ..... Position - .....

Email - .....

Invoicing Address - .....

.....

..... Post Code - .....

**Trade References**

1) Company Name - .....

Address - .....

.....

Tel No..... Fax No. .... Current Credit Limit .....

2) Company Name - .....

Address - .....

.....

Tel No..... Fax No. .... Current Credit Limit .....

In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may need those enquiries. We may also disclose information about the conduct of your account to other credit reference agencies and third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms ( i.e. 30 day ), and that all delivery and collection tickets once signed for will be deemed as accepted for payment.

**MUST BE SIGNED BY A DIRECTOR, PARTNER OR PROPRIETOR OF THE BUSINESS**

Signed - ..... Date.....

Print Name - ..... Position - .....