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**Please Fax Back to:
0800 783 4263**

Account Application

Company Name: _____ Bank Name: _____

Trading as (if different from above): _____ Sort Code: _____

_____ Account No.: _____

Address: _____ Credit Limit Required (£): _____

If you are a partnership or sole trader, please give full

Town/City: _____ Names and Addresses of all proprietors of the business

Postcode: _____ Year of Commencement: _____

Tel No.: _____ Name: _____

Fax No.: _____ Address: _____

E-mail: _____

Sales Contact: _____

Accounts Contact: _____ Town/City: _____

VAT No.: _____ Postcode: _____

Company Registration No.: _____

Year of Incorporation: _____

I/We hereby apply for a credit account and can confirm that:

- 1 All the particulars given are correct.
- 2 I/We have read and understood all Laaco Limited Conditions of Sale and agree that all transactions between ourselves and Laaco Limited shall be governed by the same.
- 3 I/We understand that payment terms are strictly net 30 days (unless agreed differently and in writing) and that title to any goods does not pass until all monies due on the account have been paid, and that you (Laaco Limited) reserve the right to charge us interest on overdue accounts.

Signed (authorised signatory only): _____

Name (print): _____ Position: _____

Date: _____

ALL RELEVANT SECTIONS MUST BE COMPLETED BEFORE THIS APPLICATION CAN BE PROCESSED.

Please Fax Back to: 0800 783 4263 or

Post to: Laaco Limited 28 Copperfield Road Cheadle Hulme Stockport SK8 7PN