Care for a Healthy Life

New Customer Application

Full Trading Name	
Registered Address	
Telephone Number: Fax Number:	
Invoice Address (If different from above)	
Finance Contact Name: Position: Telephone Number: Email Address:	
What year company established: VAT Registration Number: Company Registration Number: Holding Company Name:	
Status of company, (tick appropriate box)	☐ PLC ☐ Limited ☐ Sole Trader ☐ Partnership
If company registered as a charity please provide charity number:	

I/We (Print Name)....., being authorised signatories for

..... (Company Name), hereby request you to open a CREDIT ACCOUNT.

I/We agree to abide to Apex Medical Limited's payment terms which are 30 days from the date of invoice.

NB. Please note for your first order payment is due in full prior to despatch.

Authorised Signatory: ..... Positon: .....
(Print Name)

Date .....

Apex Medical Limited. Unit 21, Optima Park, Crayford, Kent, DA1 4QX Tel: 01322 520 580 Fax: 01322 554 182 E: enquiry@apexmedicalcorp.co.uk www.apexmedicalcorp.co.uk
A full copy of our terms and conditions can be found on our website.