



Central Laser Services Ltd: Account Application Form

<u>Company Name:</u>	
-----------------------------	--

<u>Trading Address:</u>	
<u>Invoice Address:</u>	
<u>Contact Name:</u>	
<u>Position in Company:</u>	
<u>Telephone No.</u>	
<u>Email address:</u>	
<u>Accounts Contact:</u>	
<u>Telephone No.</u>	
<u>Email address:</u>	

<u>Credit Limit Req.</u>	£
---------------------------------	---

<u>Average Monthly Spend:</u>	£
--------------------------------------	---

<u>Vat No.</u>	
<u>Company Registration No.</u>	

**PLEASE NOTE THAT OUR TERMS ARE STRICTLY END OF MONTH
PLUS 30 DAYS.**

Please confirm that you accept our payment terms by ticking the box below: