for a credit account, please print and fill in the details below

business contact information

NAME _____ POSITION _____

COMPANY _____ EMAIL _____

ADDRESS _____ POSTCODE _____

START DATE _____ PHONE _____

SOLE OWNER ☐ PARTNERSHIP ☐ LIMITED ☐ OTHER ☐

business credit information

BANK _____ ADDRESS _____

_____ POSTCODE _____

PHONE _____ ACCOUNT NO _____

SORT CODE _____ ACCOUNT START DATE _____

TYPE OF ACCOUNT SAVINGS ☐ CHECKING ☐ OTHER ☐

3x business references

COMPANY NAME _____ EMAIL _____

ADDRESS _____ POSTCODE _____

PHONE _____ ACCOUNT TYPE _____

COMPANY NAME _____ EMAIL _____

ADDRESS _____ POSTCODE _____

PHONE _____ ACCOUNT TYPE _____

COMPANY NAME _____ EMAIL _____

ADDRESS _____ POSTCODE _____

PHONE _____ ACCOUNT TYPE _____

signatures

SIGNATURE _____ SIGNATURE _____

NAME & TITLE _____ NAME & TITLE _____

DATE _____ DATE _____

agreement

1. All invoices are to be paid 30 days nett from eom
2. Claims arising from invoices must be made within 7 working days
3 By submitting this application, you authorise VSN Ltd T/A BodyMek to make inquiries into the banking and business/trade references supplied
4. Please a copy of your company headed paper

now scan and send to *info@bodymek.co.uk*

01604 589 179 **info@bodymek.co.uk** **www.bodymek.co.uk**

BodyMek 101 St James Mill Road
Northampton. NN5 5JP