



## Trade Account Application Form

Please complete all the fields below and return the form to [accounts@healthspanelite.co.uk](mailto:accounts@healthspanelite.co.uk). By completing and signing this form you are agreeing to our terms of sales.

Company Name \_\_\_\_\_

Company Registration Number \_\_\_\_\_

Registered Office Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Delivery Address (if different from above) \_\_\_\_\_

Payment Contact \_\_\_\_\_

Order Contact \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Request Credit Limit

If you would like to apply for a credit limit, please also complete the following section. Please note that payment terms are strictly 30 days from date of invoice.

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Address \_\_\_\_\_

Sort Code \_\_\_\_\_

Requested Credit Limit \_\_\_\_\_

### Trade References

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Registered Office Address \_\_\_\_\_

Registered Office Address \_\_\_\_\_

I hereby certify that the information in this application is correct and that I have read and agree to the Terms and Conditions which can be found at [www.healthspanelite.co.uk](http://www.healthspanelite.co.uk). The information included in this application is to be used to set up a Trade Account and determine the amount and conditions of the credit to be given and will be protected under the Data Protection Act 1998. Further, I hereby authorise the bank and trade references listed in this application to release information necessary to assist in establishing a line of credit.

Signature _____	Name _____	Job Title _____	Date _____
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