

## CUSTOMER ACCOUNT APPLICATION FORM

COMPANY NAME:		
REGISTERED OFFICE:		
YEAR ESTABLISHED:		
COMPANY REGISTRATION NO:		
COMPANY VAT NO:		
TELEPHONE NO:	FAX NO:	
CREDIT LIMIT REQUIRED:		
INVOICE ADDRESS:		
DELIVERY ADDRESS:		
NAME AND ADDRESS OF BANKERS:		
ACCOUNT NO:	SORT CODE:	
TRADE REFERENCE 1.	TRADE REFERENCE 2.	
WE ACCEPT THAT ALL TRANSACTIONS WILL BE IN ACC TERMS AND CONDITIONS OF BUSINESS.	CORDANCE WITH BRIGHT NAILS LTD.	
THIS APPLICATION MUST BE SIGNED BY A DIRECTOR (	OR THE PROPRIETOR.	
WE AGREE THAT THE ABOVE INFORMATION IS CORRECT:		
SIGNED:	POSITION:	
PRINT NAME:	DATE:	

BRIGHT NAILS LTD

Units 6 & 7, Clipstone Brook Ind. Park, Cherrycourt Way, Leighton Buzzard, Beds LU7 4GP
Tel: 01525 379602 Fax: 01525 218065 Email: sales@brightnails.co.uk Web: www.brightnails.co.uk

Company Reg. No. 03759351. VAT Reg. No.737449502. Mr. K.Willis - Managing Director. Mrs. J.Keys - Company Secretary. Company Address - Vema House, 9 Bicester Road. Aylesbury. Bucks. HP19 3AG