

ACCOUNT OPENING FORM

18 Oxleasow Road | East Moons Moat | Redditch | Worcestershire | B98 0RE

P: 1527 501900 | F: 01527 502949 | sales@lexonuk.com

Company Name:	
Trading Name:	
Company Reg No.:	VAT No.:

ADDRESS AND CONTACT	
Trading:	Registered (if different):
Post Code:	Post Code:
Contact Name (1):	E-mail:
Contact Name (2):	E-mail:
Phone:	Fax:

AUTHORISATION	
NPA Reg No.:	Hold Wholesale Dealer's Authorisation (WDA)?: Yes/ No
*WDA No.:	WDA issuing authority:
Hold CD License for Schedule:	2* 3* 4* (Part I & II) 5* Ref No.:

ACCOUNTS AND PREFERENCE	
Bank Name:	Sort Code:
A/C Name:	A/C No.:
Anticipated Spend:	
Sales calls preference:	Daily Weekly Other (please specify):

TRADE REFERENCES	
Trade Ref (1):	Trade Ref (2):
Address:	Address:
Phone:	Phone:
Fax:	Fax:

I/ We hereby apply for a credit account and also thereby agree <i>terms & conditions</i> available at http://www.lexonuk.com/site/lexon_terms_conditions.php	
Sign:	Sign:
Print Name:	Print Name:
Date:	Date:

Please return completed form by post, Fax: 01527 502949 or via e-mail	
Post: Account Opening, Unit 18, Oxleasow Road, East Moons Moat, Redditch, B98 0RE	

OFFICE USE ONLY			
WDA verified:	Yes	No	NA
Verified by:			Date:
Credit Limit:			
Approved by:	Sign:	Date:	

*Please send a copy of Wholesale Dealer's Authorisation and Relevant schedules of CD License where applicable