

ACCOUNT OPENING FORM



Lexon (UK) Ltd

18 Oxleasow Road, East Moons Moat, Redditch, Worcs B98 0RE
p: 01527 501900 | f: 01527 502949 | sales@lexonuk.com

Company Name:	_____
Trading Name:	_____
Trading Address:	_____

Registered address:	_____
(if different from	_____
above)	_____
Phone:	_____
Company Reg No:	_____
NPA Reg No:	_____
Contact Name (1):	_____
Contact Name (2):	_____
	Post Code: _____
	Post Code: _____
	Fax: _____
	VAT Reg No: _____
	* Wholesale License: YES/NO
	License expiry: <u>dd/mm/yyyy</u>

Please specify preferred time for sales call:

Daily Weekly Other - please specify _____

Bank:	_____	A/C Name:	_____
Sort Code:	_____	A/C No:	_____

Trade Ref (1):	_____	Trade Ref (2):	_____
Address:	_____		_____
	_____		_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____

I/We hereby apply for a credit account and agree to stipulated terms & conditions of your business

Sign:	_____	Sign:	_____
Print Name:	_____	Print Name:	_____
Date:	_____	Date:	_____

Please FAX form back to 01527 502949

OFFICE USE ONLY

Reps Comments:	_____		
Sign:	_____	Date:	_____
Actioned by:	_____	Approved by:	_____
Credit Limit:	_____	Print Name:	_____
		Date:	_____

* Please send a copy of wholesale license & schedules 3, 4 & 5 where applicable