



PARKER HOSE AND FITTINGS LTD.

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ACCOUNT APPLICATION FORM

Business Name:	
Trading Name:	
Invoice Address:	Delivery Address:
Postcode:	Postcode:
Telephone No:	Fax No:
Website:-	Email Address:-
Limited Company: YES / NO	Company Registration No:
Date of Incorporation:	
Partnership/Sole Trader:	
VAT Number:	
Type of Business:	
Contact for Accounts:	Accounts Email:
Total Credit Required: £	
Trade References 1:	Trade References 2:
Telephone No:	Telephone No:
Fax No:	Fax No:
Email:	Email:
Bank Name:	
Address:	
Account No:	Sort Code:
Principal/Director Signature:	Date
Principal/Director Name	
By signing this application for a Credit Account you are accepting our payment terms of 30 Days from end of the month of invoice, unless a prior agreement has been made with the accounts department and directors of Parker Hose & Fittings Limited.	