

REP NAME:

INTERNAL USE ONLY



## ALLIGATOR PUBLISHING LIMITED

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FAX: NATIONAL 0208 371 6633 • INTERNATIONAL +44 208 371 6633  
EMAIL: sales@alligatorbooks.co.uk

### ACCOUNT APPLICATION FORM

ACCOUNTNO: \_\_\_\_\_

FULLTITLE: \_\_\_\_\_

INVOICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL ACCOUNTS: \_\_\_\_\_

EMAIL PURCHASING: \_\_\_\_\_

LIMITED COREGISTRATIONNO: \_\_\_\_\_

REGISTERED OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIRECTORS NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSONS AUTHORISED TO PURCHASE ON YOUR BEHALF: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL FOR BOOKING IN: \_\_\_\_\_

**IF PARTNERSHIP/SOLE PROPRIETOR:** \_\_\_\_\_

NAME OF PROPRIETOR/PARTNERS: \_\_\_\_\_  
\_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIRECTORS NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF LAST FILED ACCOUNTS: \_\_\_\_\_

AGE OF BUSINESS: \_\_\_\_\_

PROFIT BEFORE TAX AT LAST ACCOUNT: \_\_\_\_\_

AMOUNT OF CREDIT REQUIRED: \_\_\_\_\_

TURNOVER AT LAST ACCOUNTS: \_\_\_\_\_

PLEASE TURN THE PAGE

PLEASE REMEMBER OUR PAYMENT TERMS ARE 30 DAYS FROM DELIVERY

PLEASE COMPLETE ALL DETAILS REQUIRED. THIS WILL HELP TO SPEED THE OPENING OF YOUR ACCOUNT

**I/WE HEREBY AUTHORISE YOU TO APPLY TO ANY OF THE FOLLOWING FOR A REFERENCE:**

**BANK REFERENCE:**

BANK NAME: \_\_\_\_\_

NAME OF ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

\_\_\_\_\_

SORT CODE: \_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

**SUPPLIER:**

**SUPPLIER:**

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SUPPLIER:**

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PLEASE HELP US TO HELP YOU BY GIVING US  
THE TELEPHONE NUMBER REQUIRED**

I / WE ACKNOWLEDGE THAT I / WE HAVE READ AND ACCEPT THE STANDARD CONDITIONS OF SALE OF ALLIGATOR PUBLISHING LIMITED

**ALL GOODS SUPPLIED REMAIN THE PROPERTY OF ALLIGATOR PUBLISHING LIMITED UNTIL ALL SUMS DUE ARE PAID IN FULL**

AUTHORISED SIGNATORY: \_\_\_\_\_ (BLOCK LETTERS)

SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

**ALL PALLETS USED TO ASSIST WITH DELIVERY ARE RETURNABLE/EXCHANGEABLE OR CHANGEABLE**

**PLEASE ATTACH A SAMPLE OF YOUR HEADED PAPER TO THIS FORM**