

APPLICATION FOR BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, County, Post Code			

BUSINESS INFORMATION

City, Count, Post Code		Bank name:	
How long at current address?		Primary business address City, County, Post Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> BACS <input type="checkbox"/> DD

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, County, Post Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, County, Post Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, County, Post Code		E-mail	
Type of account	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> BACS <input type="checkbox"/> DD	Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Snake Services to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	