

APPLICATION FOR CREDIT ACCOUNT



FOCUSED NETWORKS

Email info@focused-networks.com **Web** focused-networks.com

Tel 0845 601 6485 **Fax** 0845 601 6486

Full Name and Trading Style

(if subsidiary / part of companies – please state)

Type of Company

Limited

PLC

Partnership

Sole Trader

Nature of Business

Address1

Address2

Town / City

County

Post Code

Tel No. (inc STD Code)

Fax No. (inc STD Code)

Registered Number

VAT Number

Address of Accounting Department

(if different from above)

Address1

Address2

Town / City

County

Post Code

Tel No. (inc STD Code)

Fax No. (inc STD Code)

Person Responsible for Bought Ledger

Estimated Monthly Spend (Max Amount)

£

Bank References (Name and Address)

Sort Code

Account No

Trade References

(two required)

a)

b)

Can invoices/ statements be emailed?

Yes No (if yes please provide contact name/ email)

Focused Networks T&C's are available at www.focused-networks.com and apply in the event of any business transactions.

By signing this form I declare that the above information is complete and accurate and agree to the T&C's of business.

Signature

Full Name

Position

Date

Payment Terms of 30 days from date of invoice.

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This authority should be completed in BLOCK CAPITALS, signed by an AUTHORISED SIGNATORY and forwarded by return to Focused Networks Limited.

BANKING PROCEDURES INSIST THAT WE MUST HAVE THE ORIGINAL AUTHORITY.

To the Manager:

_____ Bank/Building Society

Account No _____ Sort Code _____

I/We _____
of _____

Hereby authorise you to provide bank status enquiries to Focused Networks Limited. This authority shall be ongoing until terminated in writing.

You are also instructed to accept a fax or copy of this document if required.

Signed (Authorised signatory only) _____

Position _____

Date _____

FAX BACK TO 0845 601 6485 or email accounts@focused-networks.com