

Customer Account Application Form

Please complete in BLOCK CAPITALS

Customer Details

| | |
|---------------|--|
| Company Name: | |
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| Address: | |
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|------------|--|
| Telephone: | |
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| Fax: | |
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| Email: | |
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|-----------------|--|
| Company Reg No: | |
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|-----------------|--|
| Company VAT No: | |
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| Company Profile: | |
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| Years Trading: | |
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Account Details

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|-------------------|--|
| Accounts Contact: | |
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|---------------|--|
| Accounts Tel: | |
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|---------------|--|
| Accounts Fax: | |
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|-----------------|--|
| Accounts Email: | |
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Bank Details

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|------------|--|
| Bank Name: | |
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|---------------|--|
| Bank Address: | |
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| Account No: | |
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| Sort Code: | |
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Confirmation

I, being an authorised signatory of the above client, confirm the information given is both current and accurate and I understand and accept Linxcom's Terms and Conditions of Sale regarding the credit account and any orders related to it.

| | | | |
|---------|--|-----------|--|
| Signed: | | Name: | |
| Date: | | Position: | |