



ACCOUNT APPLICATION FORM



Company Details

Company Name: .....

Address: .....

Postcode: ..... Tel No: ..... Fax No: .....

Company Reg. No: ..... VAT Reg. No: .....

Delivery Address (If Different From Above).....

.....

Invoice Address (If Different From Above) .....

.....

Contacts

Buyer: ..... Accounts: .....

Telephone: ..... Telephone: .....

Email: ..... Email: .....

Trade References

Company Name: .....

Address: .....

.....

Tel: ..... Fax: .....

Company Name: .....

Address: .....

.....

Tel: ..... Fax: .....

**PLEASE RETURN THIS FORM  
TO OUR HEAD OFFICE**

**HEAD OFFICE, ACCOUNTS & TRADE COUNTER**

SUNNINGDALE HOUSE, STAFFORD PARK 1  
TELFORD, SHROPSHIRE  
TF3 3BD  
Tel: 01952 292 121 Fax: 01952 292 918  
Email: sales@tcasltd.co.uk

**OPENING HOURS**

MONDAY – FRIDAY: 8.30am – 5.00pm  
SATURDAY: 8.30AM – 11.30am

**SIGNED BY AUTHORIZED SIGNATORY IN ACCEPTANCE OF OUR TERMS & CONDITIONS**

Signature: ..... Print Name: ..... Date: .....

Position: ..... Telephone: .....

Email: .....  Please tick this box if you would like to be included in our future emailing list for information on products, service promotions and competitions.

**FOR OFFICE USE ONLY**

Account No: ..... Class No: ..... Re-Seller No: .....

Accepted Credit Limit: ..... Date: .....

Area Sales Manager: ..... Approved By: .....