

PALMSTEAD NURSERIES LTD - Account Application Form

BLOCK CAPITALS PLEASE

(A) Full name/trading title: _____

(B) Address: _____

Postcode: _____ Email: _____

Telephone number: _____ Fax number: _____

(C) Contact name: _____ Position held: _____

(D) How long established: _____ Monthly credit required: £ _____

If Limited Company:
(E) Registered Office address if different from above: _____

(F) Registered number: _____

(H) Directors names: _____

(I) Please attach your letter heading.

(J) If Unlimited Company:
Proprietors/Partners names and private addresses: _____

(K) Two Trade References:

Name: _____	Name: _____
Address: _____ _____ _____	Address: _____ _____ _____
Telephone Number: _____	Telephone Number: _____
Facsimile Number: _____	Facsimile Number: _____

(L) Category: (Please tick the most appropriate)

Wholesale nursery _____	Landscaper _____
Garden centre _____	Council _____
Farmer _____	Builder _____
Amenity _____	Hotel _____
Estate _____	Architect _____

DECLARATION:

If credit facilities are granted I/we undertake to adhere to your Terms & Conditions of Trading.
My/our account will be paid to your credit account payment terms.

My/our bank details and consent form are attached to this application.

AUTHORISED SIGNATURE: _____ **Date:** _____

Please print name of signature: _____

Position/title: _____

CONSENT FORM

I/we _____ consent to

_____ Bank plc providing a reference on me/us to:

PALMSTEAD NURSERIES LTD

HARVILLE ROAD

WYE

ASHFORD

KENT

TN25 5EU

My /our bank is: _____ Bank plc

Address:

Account No: _____

Sort Code: _____

Account Holders Name & Address:

Instructions to our Bankers : Please debit my/our account with your fee for this Bankers Status Enquiry.

Signed: _____

Date: _____

Note: This form must be signed by the account holder(s)

and returned on copy paper, not thermal fax paper.