



ACCOUNT APPLICATION

Trading Name
Address.....
.....
.....

Invoice Address
.....
.....
Post Code Tel:

Bank Name
Bank Address.....
.....
Sort Code
Account Name
Account number

Registered Number (if Limited Company or PLC)
Credit Required per Week

Payment to be received 14 days after invoice date

I/We confirm the following:

That the above information is correct and undertake to notify POD in writing of any changes;
that a trade account can be opened with POD and confirm our acceptance of the terms and
conditions of POD.

Signature of Applicant
Name (Capitals)
Position.....
Date

Please fax the completed form to POD on 020 7831 5358