

# ContainerKing Limited

## CUSTOMER ACCOUNT FORM

PLEASE COMPLETE & FAX TO 01724 870001

Please indicate Company status

LTD

PLC

Sole Trader

Company Name

and/or Trading Name

Trading Address

Invoice address (if different)

Postcode

Postcode

Main Contact

Accounts Payable Contact

Telephone No

Telephone Number

Fax Number

Fax Number

Email

Email

Name(s) and

Home Address(es) of Proprietor/Partners (all partners must be listed)

1/

2/

3/

4/

Company Reg No:

VAT Number:

Method of Payment

Bank Name:

Sort Code

Account Number:

Please provide two trade references

Name

Name

Company

Company

Telephone Number

Telephone Number

Email

Email

**Terms & Conditions can be found at [www.containerking.co.uk](http://www.containerking.co.uk), or contact the office on 01724 858000 for a hard copy.** I/we have seen and agree to abide by the Terms & Conditions set by ContainerKing Limited. I/we agreed to make a payment no later than 30 days of invoice, or as specified by the Terms of Agreement, including that requested prior to delivery. I/we accept that in the case of sales transactions, all goods remain the property of ContainerKing Limited and title does not pass until payment is received and cleared in full

Authorised Signature

Date

Print Name

Title

The individual signing above must be an authorised signatory for the Company/individual(s) listed above