



Account Form

To apply for a credit account, fill out the form below and return it to accounts@rockallsafety.co.uk. Once the application has been submitted, our accounts team will be in touch within 48 business hours.

Our credit terms adhere to a strict 30 day period, which is also subject to a credit rating check; all first orders excluding government bodies are proforma. Upon completion of this form, you acknowledge and accept these terms, as outlined in the declaration section at the bottom.

Customer Name	<input type="text"/>	Company Reg No.	<input type="text"/>
Invoice address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Delivery address (if different)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Email for Invoice and Statements:	<input type="text"/>	Fax Number:	<input type="text"/>

Key Contact Details

	Name	Email address	Landline	Mobile
Name Of Directors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delivery Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Of Bank	<input type="text"/>
Sort Code	<input type="text"/>
Account Number	<input type="text"/>
Bacs Ref	<input type="text"/>
Vat Number	<input type="text"/>

Trade Reference

Company Name	Contact Name	Contact Email	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I agree to abide by the credit terms of Rockall Safety Ltd as stated on our invoices (Standard 30 days from date of invoice, or any alternative terms as agreed previously in writing) and accept that this account may be placed on stop should either the credit limit be breached or payment terms not adhered to. All outstanding amounts will become due immediately should the account become overdue and credit facilities withdrawn.

Please attach the company letterhead when returning the application and sign below to confirm the accuracy of the above details and your understanding and acceptance of our credit terms.

Signed By Date completed