



ACCOUNTS APPLICATION FORM	
All Sections Must Be Completed (Confidential)	
Name:	Delivery Address (if different):
Trading Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Fax No:	Fax No:
Credit Required: £	Sole trader / Partnership / Limited Company
Contact Name:	Co Reg No:
Date Business Commenced:	VAT Reg No:
DETAILS OF PROPRIETOR OR PARTNERS	
Name:	Name:
Home Address:	Home Address:
Post Code:	Post Code:
Tel No:	Tel No:
PREVIOUS ADDRESS IF CHANGED WITHIN LAST 3 YEARS	
Home Address:	Home Address:
Post Code:	Post Code:
TRADE REFERENCE 1.	TRADE REFERENCE 2.
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Fax No:	Fax No:
BANK DETAILS:	PLASTIC HEAD ACCOUNTS USE ONLY:
Name of Bankers:	Account No:
Address:	Credit Limit:
	Authorised By:
Post Code:	Confirmation Letter Sent:
Sort Code:	Date:
Account No:	Comments:
Account Name:	
CUSTOMER ACCEPTANCE:	
We have read, understood and agree to the Plastic Head Music Distribution Limited published Terms and Conditions of Sale <b>as shown overleaf</b> and accept that adherence to these obligations is the essence of the contract between us.	
Signature:	Printed Name:
Date:	Position:
<b>A COPY OF YOUR LETTERHEAD MUST BE ATTACHED TO THIS FORM.</b>	