

# Elevator Equipment Limited

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## ACCOUNT APPLICATION FORM

BUSINESS NAME:

TRADING ADDRESS:

TEL NO.

FAX NO.

NAMES OF DIRECTORS:

BANK NAME & ADDRESS:

ACCOUNT NAME:

ACCOUNT NO:

SORT CODE:

CREDIT LIMIT REQUIRED:

NAME & ADDRESS OF TWO TRADE SUPPLIERS

TEL:

TEL:

BANK REFERENCES:

TEL:

**PROFORMA ON CLEARED FUNDS INITIALLY. 30 DAYS FROM DATE OF INVOICE SUBJECT TO ACCEPTED TRADE & BANK REFERENCES**

SIGNED:

PRINT NAME:

