LYNX DRY CLEANING SUPPLIES

ACCOUNT APPLICATION FORM

COMPANY NAME:

TRADING AS :

IS THIS A LIMITED COMPANY: YES / NO (PLEASE CIRCLE)

ADDRESS :

PROPERTY / STREET
LOCATION

TOWN
COUNTY
POST CODE
COUNTRY

TELEPHONE NUMBER(S) : _____

FAX NUMBER : _____

OWNERS FULL NAME : _____

SALES CONTACT : _____

ACCOUNTS CONTACT : _____

E-MAIL : _____

WEB SITE ADDRESS : _____

MOBILE : _____

VAT / IVA NUMBER : _____

For Office use only

Date	_____	**Account Ref (SAGE)**	_____
Order Method	_____	**Account Ref (QB)**	_____
Taken by	_____	**Web**	_____
Credit /Terms/Internet Sent	_____	**Credit / Terms / Internet**	_____
Payment Date / Type	_____	**Account Application**	_____
Agent	_____	**Payment Terms**	_____

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