

CREDIT ACCOUNT APPLICATION FORM

| Company Name | |
|--|--|
| Company Trading Address | |
| | |
| Telephone Number Approx. Monthly Credit Required £ | |
| Company Reg No Dom. Reverse Charge VAT? | |
| Registered Address (if different) | |
| | |
| Purchase Ledger Email Address (ADP Group will submit invoices electronically): | |
| Bank Name Account Name | |
| Address | |
| | |
| Account No Sort Code | |
| To be completed by Manager/Director We confirm our understanding that we will conduct our business in accordance with the published terms and conditions of adp Group Ltd (copy available upon request): | |
| Print NameSign | |
| Position in Company Date | |