

# WEIR & CARMICHAEL LIMITED ACCOUNT PROPOSAL (CONFIDENTIAL)

Full Company Name: .....

Company Registration Number:..... Years in Business: .....

Invoice Address:    Postcode Phone: Fax:	Despatch Address:    Post code Phone: Fax:
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Is the Company Limited /Partnership / Sole Trader / Part of Group:

If NOT Limited Company - Proprietor / Partners details:

Name 1: ..... 2: .....

Home Address:.....

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Accounts Contact Name: ..... Buyers Name: .....

Please supply two Trade References

Name:    Postcode Phone: Fax:	Name:    Postcode Phone: Fax:
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BANKERS NAME: ..... Sort Code: .....

ADDRESS: .....

..... Account Name: .....

..... Account Number: .....

CREDIT VALUE REQUESTED: £.....

TERMS OF PAYMENT - We acknowledge and agree the Terms and Conditions of Weir & Carmichael Limited, and certify that if account facilities are approved then the account will be paid on Standard Terms (30 days from date of invoice).

SIGNED: ..... POSITION: ..... DATE: .....

Delay in returning this Form may affect delivery of your order.

EMAIL ADDRESS: [accounts@weirbags.co.uk](mailto:accounts@weirbags.co.uk) FAX NUMBER IS: 0044 151 934 1279

**OFFICE USE ONLY**

Credit Limit Allowed (£):	Credit Approved: Date:
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