



NEW ACCOUNT FORM

CUSTOMER DETAILS

NAME:-

TRADING NAME:-

COMPANY TYPE:- Sole Proprietor Partnership Limited Company Other

ADDRESS:-

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POSTCODE:-

TELEPHONE:-

MOBILE:-

EMAIL:-

VAT REG. NO:-

BANK DETAILS

NAME:- SORT CODE:-

ADDRESS:- ACCOUNT NO:-

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CREDIT/TRADE REFERENCES

	COMPANY	CONTACT NAME	TELEPHONE
REFERENCE 1
REFERENCE 2

All forms are subject to approval. Terms 30 Days.

By signing this form, you hereby confirm that the information given is correct, and that you will notify DBS of any subsequent amendments. In addition, you agree to abide by DBS standard terms & conditions of sale.

SIGNATURE:-

DATE:-

Office use only

Verified By:

Signature:

Date:

Registered Address: 4 Mountview Drive
Moneymore
BT45 7GX

Trading Address: 1A Ardcurber Road
Cookstown
BT80 9AQ