



Corilla Plastics Ltd
 Victoria Street,
 Pontycymer
 Bridgend CF32 8LR
 Tel 01656 870415
 Email Sales@corillaplastics.co.uk

NEW ACCOUNT APPLICATION FORM

SECTION ONE

Company Name:	
Address:	Tel No:
Post Code	Fax No:
Company Registration No.	E-Mail:
Business Type: (e.g. Ltd, Sole Trader)	Holding Company:
Expected Monthly Spend:	
Trade References – Please give details of the names and addresses of two referees who may be contacted for the customary trade enquiries	
Company Name: Address Tel No: Fax No: Contact:	Company Name: Address Tel No: Fax No: Contact:
Bank Details –	
Bank Name:	Sort Code: - - - Account No:

SECTION TWO

Declaration: I/We acknowledge receipt of and accept the terms and conditions of sale at Corilla Plastics Limited.	
Signature:	
Name (Block Capitals):	Position Held:

Please attach a copy of your letterhead before returning this form to the Credit Control Department at the address above.

SECTION THREE (for internal use only)

Credit Limit:	
Authorised:	:Date: