



Home Health UK

Simple, Reliable, Accurate Health Tests for the home and work place



Unit 11, Peerglow Industrial Estate, Olds Approach, Watford, Hertfordshire WD18 9SR

Telephone: +44 (0) 1923 711 511 Fax: +44 (0) 1923 711 550

email: accounts@homehealth-uk.com www.homehealth-uk.com

FAX MESSAGE

To:		Company:	
Your Fax No:		Our Fax No:	+44 (0) 1923 711 550
From:	Mark Hanson	Date:	
Re:	Credit Account Application	Pages:	2 pages including this one

Dear Sir/Madam

Please find enclosed a credit account application form for completion. Once completed, please return this, together with a copy of your order, to me by fax on +44 (0) 1923 711 550

Please return the signed originals in the post.

Please note that orders cannot be processed until these forms have been returned.

If you have any queries regarding this, please do not hesitate to contact me on + 44 (0) 1923 711 511 or + 44 (0) 7968 306 176

Kind Regards

Mark Hanson

Registered Address: Premier House, 45 Ealing Road, Wembley, Middlesex HA0 4BA.
Vat No. GB 660 620 360 / Company Registration No. 03176158



CREDIT ACCOUNT APPLICATION FORM

COMPANY INFORMATION/PARTNERSHIP/SOLE TRADER

Company Name:	
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REGISTERED OFFICE ADDRESS

PURCHASING & DELIVERY DETAILS

Invoice Address:	Delivery Address:
Post code:	Post code:
Contact:	Contact:
Position:	Position:
Tel no:	Tel no:
Fax no:	Fax no:
E-mail: <small>(nb - used for statements etc)</small>	E-mail:

Type of business (Ltd Company, sole trader etc):	
Full name(s) and home address(es) of individual (s) if Partnership or Sole Trader **	
Ltd Company registration number (if applicable):	
VAT registration number:	
Your website:	

Nature of business:	
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How long has the business been established?	
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Credit limit required: <small>This should be sufficient to cover two months' trading</small>	
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** TRADE REFERENCES - Must be completed

Company Name:	Company Name:
Address:	Address:
Post code:	Post code:
Tel no:	Tel no:
Fax No	Fax No
E-mail:	E-mail:

DECLARATION

I/We hereby apply for a Credit Account and confirm that we accept the standard credit terms of payment by 30 days following delivery and have completed/signed a copy of the T & C

Authorised Signatory:		Name:	
Position:			
Date:			