



Chaperlin & Jacobs Ltd

No.1 FOUR SEASONS CRESCENT, KIMPTON ROAD, SUTTON, SURREY, SM3 9QR

Telephone: 020 8641 6996

e-mail: sales@chaperlin.co.uk

Telefax: 020 8641 2635

PLEASE COMPLETE ALL SECTIONS, SIGN AND RETURN TO THE ABOVE ADDRESS

APPLICATION TO OPEN A CREDIT ACCOUNT

I/We hereby request Chaperlin & Jacobs Ltd. to open a credit account

in the name of: _____

Address _____

Telephone _____ Fax _____

E-mail _____

Delivery Address for goods _____

(if different to above)

Names of all Directors (if a Limited Company) or Partners:

1) Name _____ 2) Name _____

3) Name _____ 4) Name _____

Names of person primarily responsible for account _____

Bank details: Name _____ Bank PLC

Address _____

Sort Code No. _____ Account No. _____

Trading References (2 please, preferably established Dental Companies)

1) _____ 2) _____

(If you are opening a new business and you are not known personally to C&J , please provide non-trading references).

Anticipated monthly credit required £ _____

Signed _____ Status _____ Date ____ / ____ / ____

<i>For C&J use only</i> <i>Approved by:</i>		<i>Rep</i> <i>Code</i>		<i>Area</i> <i>Code</i>	
--	--	---------------------------	--	----------------------------	--