



LUNEX Limited

Unit 5 Hendham Vale Industrial Park, Vale Park Way, Manchester, M8 0AD

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Customer Trade Application Form

Please complete in Capitals :

BUSINESS NAME:

BUSINESS/INVOICE ADDRESS:

TOWN:

COUNTY:

POST CODE:

If Non-Ltd please give Proprietor's full name and Home Address (if different from above):

PROPRIETOR'S NAME OR REGISTERED OFFICE:

HOME OR REGISTERED OFFICE ADDRESS:

TOWN/COUNTY:

POST CODE:

Date Established :

ACC PAYABLE CONTACT:

TELEPHONE :

Email:

FAX :

Bank reference written Authorisation given: Y / N _____

Bank Ref :

Trade Ref :

Address and Telephone:

Example: GB 123 4567 89

VAT Registration number:

Company Reg.No.

If VAT exempt please state number in box below and send certificate copy with this form

Exemption:

Expires: / /

CREDIT TERMS 28 DAYS FROM INVOICE DATE REQUESTED, UNLESS OTHERWISE AGREED.

Credit Limit Required

	Currency:	Subject to Credit Rating	
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By signing this form I accept the Terms & Conditions attached and understand that the payment terms may vary from above dependant upon the result of a Credit Agency report to be obtained and stored by Lunex Group Companies.

SIGNED - NAME:

JOB TITLE:

DATE:

COMMENTS:

Submitted By :

Commercial Gen Manager :

ACCOUNT APPLICATION DECLARATION

I/we understand that payment is strict net 30 days from date of invoice. If the payment is not forthcoming then Lunex Limited will with hold all further supplies. It is understood that interest at 4% per month or part thereof will be charge from the due date of payment to the date of actual payment receipt. Further it is also understood that Lunex Limited reserve the right to cancel the "30 day net" Account Status at any time.

I/we understand that all goods remain the property of Lunex Limited until paid for in full. Any queries relating to goods delivered must be notified to Lunex Limited within 72 hours of receipt.
I/we understand that by signing this declaration below, we agree to adhere to the terms mentioned above and acknowledge that Lunex Limited terms and conditions of sale as laid out do apply.

Primary Account opening Authority

Signed _____

Date: _____(dd/mm/yyyy)

Full Name _____

Position: _____

Secondary Account opening Authority

Signed _____

Date: _____(dd/mm/yyyy)

Full Name _____

Position: _____

Please ensure all the required information is provided and that no sections remain unanswered (indicate "NOT APPLICABLE" if such section does not apply) in order that a suitable account facility can be setup.