



ACCOUNT APPLICATION FORM

Please fill in the details below and return by fax or post, thank you.

Business Name	
Trading Style (e.g. Ltd Company)	
Address	
Post Code	
Telephone Number	
Fax Number	
Web Address	
E-mail Address	
Company Registration Number	
VAT Registration Number	
Proprietor/Directors Names	
Accounts Contact	
Purchasing Contact	
Credit Limit Requested	
Terms Requested	30 days standard

Signed	
Print Name	
Position	
Date	

By signing this application form you agree to DVS Ltd terms and conditions, a copy of which are available on request.

For office use only:

S		H		S		O		C		S		D	
---	--	---	--	---	--	---	--	---	--	---	--	---	--

SAGE Ref.		HSBC Ref.		Sales Rep.	
-----------	--	-----------	--	------------	--

DVS Ltd
Unit K6 Southpoint Industrial Estate, Foreshore Road, Cardiff, CF10 4SP
T: 02920 455512 F: 02920 455513