



# Account Application Form

Please complete the following form in its entirety; failure to do so may hinder your account application. Once completed return to: Fax no. +44(0)1425 619276

If you have any queries please contact our Sales Team on +44(0)1425 632600

In compliance with the Data Protection Act 1998 Cannon will use the details provided to assess credit limit and account limitations. None of the information provided will be used for any other purpose.

<b>Company Name</b>		<b>Industry</b>	
<b>Trading Name (if different)</b>			
<b>Registration No</b>		<b>VAT No</b>	
<b>Number of Years Trading</b>			
<b>Telephone No</b>		<b>Fax No</b>	
<b>Anticipated Monthly Expenditure</b>			

<b>ADDRESS</b>	
<b>Registered Office</b>	
<b>Trading Address</b>	
<b>Invoice Address</b>	

<b>BUYERS DETAILS</b>	
<b>Name</b>	
<b>Telephone Number</b>	
<b>Email</b>	
If more than one please continue on a separate page – thank you	

<b>BANK DETAILS</b>			
<b>Name</b>			
<b>Address</b>			
<b>Telephone No</b>		<b>Fax No</b>	
<b>Account No</b>		<b>Sort Code</b>	

<b>ACCOUNTS CONTACTS</b>			
<b>Name</b>			
<b>Telephone No</b>		<b>Fax No</b>	
<b>Email Address</b>			

<b>CANNON INFORMATION</b>			
<b>Where did you hear about Cannon?</b>			
<b>Did you purchase cabinets previously? From whom</b>	YES/NO (Please circle)	<b>Do you have a Cannon Catalogue?</b>	
<b>Would you like to receive communication from Cannon on special offers, new products, etc?</b>	YES/NO		
<b>Which industry magazines do you subscribe to?</b>			

Please note: Cannon Technologies offers 30 day end of month credit terms as standard

By signing the below you agree to the terms and conditions of Cannon Technologies Ltd and confirm that all of the information that you have supplied is correct.

<b>Signature</b>	
<b>Name (Please print)</b>	
<b>Position</b>	
<b>Date</b>	

OFFICE USE ONLY

Account No: ..... Opened By: ..... (Sign & Date)

Credit Limit: ..... Credit Terms: .....

