

# AMS LEISURE SUPPLIES LTD

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## ACCOUNT APPLICATION FORM

<b>NAME</b>	<b>REGISTERED OFFICE ADDRESS (LIMITED COMPANY) OR PRIVATE ADDRESS (UNLIMITED COMPANY) &amp; REGISTRATION NUMBER</b>
<b>POSITION IN COMPANY</b>	
<i>FULL BUSINESS NAME AND ADDRESS</i>	
POSTCODE	<b>PLEASE INDICATE IF YOU ARE A LIMITED COMPANY</b> PLEASE TICK: YES <input type="checkbox"/> NO <input type="checkbox"/>
TELEPHONE	<b>NAME AND ADDRESS OF DIRECTORS OR PARTNERS</b> Please state if none
FAX E MAIL	
<b>V.A.T. No:</b>	
<b>DELIVERY ADDRESS IF DIFFERENT FROM ABOVE</b>	<b>HOW LONG ESTABLISHED</b> <input type="checkbox"/> YEARS <input type="checkbox"/> MONTHS
<b>CONTACT NAME AND TELEPHONE NUMBER OF YOUR PURCHASE LEDGER DEPARTMENT OR ACCOUNTANT</b>	<b>NATURE OF BUSINESS</b> (Manufacturer, single site operator etc.)
NAME	<b>TYPE OF PREMISES</b> (Factory, Arcade, Home etc.)
TEL: EXTN:	<b>HOW MUCH CREDIT DO YOU WISH TO APPLY FOR?</b>
<b>PLEASE GIVE NAME AND ADDRESSES OF TWO COMPANIES SUPPLYING GOODS ON CREDIT WHO MAY BE APPROACHED FOR REFERENCES</b>	<b>FOR OFFICE USE:</b>
1	<b>ISSUED BY</b>
TEL:	<b>ACCOUNT NO:</b>
2	<b>DATE OPENED</b>
TEL:	
I/We make this application to open a credit account with AMS Leisure Supplies Ltd I/We understand that your credit terms are that payment is due not later than 30 days from the date of the invoice and that, if granted credit I/we agree to pay in accordance with these terms. We understand that by signing this we have read and agreed to AMS Leisure Supplies Ltd's Conditions of Sale	
SIGNED	DATE

We reserve the right to use a licensed credit-referencing agency and a search may be recorded on file.

I/We accept and abide by the terms and conditions of trading of AMS Leisure Supplies Ltd

1. Authorised Customers Signature

(Must be a Director, Company secretary or Proprietor)

Date:

Salespersons Signature:

Date: