



## **CUSTOMER ACCOUNT FORM**

Where did you hear about us?		Recommended		Internet Search	Returning Customer			
		Radio Ad		Email Advert	Other			
Please indicate Company status		LTD		PLC	Sole Trader	L		
Company Name		and/or Trading	j Na	ame				~~ ~~
Trading Address		Invoice address (if different)						
			•••••					~~
Postcode		Postcode						
Main Contact		Accounts Payal	ble	Contact				
Telephone No		Telephone Number						
Fax Number		Fax Number						
Email		Email						
Email Invioices Y	N	Email Address f	for	Invoices		000000		m
Name(s) and 1/ 2/	Home Address(e	es) of Proprietor/P	Part	ners (all partners	s must be listed)			
3/							~~~~	
4/								
Company Reg No:			,	VAT Number:		~~~		***
Please provide two trade references								
Name		Name					~~~~~~~~~~~	
Company		Company						
Telephone Number		Telephone Nun	nbe	er				
Email		Email						
Terms & Conditions can be found at <a href="www.containerking.co.uk">www.containerking.co.uk</a> , or contact the office on 01724 858000 for a hard copy. I/we have seen and agree to abide by the Terms & Conditions and Guidelines set by ContainerKing Limited. I/we agreed to make a payment no later than 30 days of invoice, or as specified by the Terms of Agreement, including that requested prior to delivery. I/we accept that in the case of sales transactions, all goods remain the property of ContainerKing Limited and title does not pass until payment is received and cleared in full - <a href="mailto:note that in accordance with GDPR 2018 ContainerKing Limited do NOT share your data with any third parties.">note that in accordance with GDPR 2018 ContainerKing Limited do NOT share your data with any third parties.</a>								
Authorised Signature				Date				••••
Print Name				Title				
The individual signing ab	ove must be an auth	norised signatory for t	he (	Company/individual(s)	listed above			٦