

Account Application Form



**SAMSON
FIXINGS**

Company Details

Company Name and Status (i.e. LTD. etc.)

Company Registr.-No.

Postal Address

Postal Code

NB: An account cannot be opened without a postal code

Phone

Time Trading / in business

VAT NUMBER

Fax

E-Mail

Website

Business Info

Business Status: Ltd. Co. P / Ship Sole Trader Other

Backlog Orders Required? YES NO

Contact

Business Type:

- Distributor / Fixing Specialist Distributor Merchant Builder's Merchant
 Retailer (Ironmonger etc.) Wholesaler DIY Superstore
 Associated Company Hire Shop Engineer's Merchant
 Fastening Distributer Multiple Wholesaler Other (Please Specify)

Trade References 1

Trade References 2

Bankers

Bank

Account

IBAN

Sort Code

Account Number

BIC/SWIFT

Company Confirmation

Date

* Signed on Behalf of Applicant

Position / Title

FOR OFFICE USE ONLY

Account No. Allocated

Credit Limit Applied For (AED)

Authorized by

Date

Discount Offered

Authorized by

Date

SAMSON Representative Signature

Special Terms

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* THE APPLICANT SIGNS THAT S/HE AGREES WITH TERMS OFFERED AND HAS READ AND UNDERSTANDS OUR STANDARD TERMS AND CONDITIONS OF SALE ATTACHED

SAMSON FIXINGS LTD

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