



APOLLO TRADE WINDOW STORE LIMITED

Units 1&2, 17 Pony Road
 Horspath Industrial Estate
 Oxford. OX4 2SB

CASH ACCOUNT APPLICATION FORM

Please complete all sections and fax to us on 01865 775115 or post to the above address.

- **Limited Companies to complete sections 1, 3, and 4**
- **Sole Traders or Partnerships to complete sections 2, 3 and 4**

PLEASE COMPLETE FORM IN BLOCK CAPITALS

1. LIMITED COMPANIES ONLY			
COMPANY NAME :			
ADDRESS OF REGISTERED OFFICE :			
		POSTCODE :	
TELEPHONE NO :		FAX NO :	
MOBILE NO :		EMAIL ADDRESS :	
COMPANY REGISTRATION NO :		YEAR ESTABLISHED :	
SIGNATURE : (Director/Company Secretary)		DATE :	
PRINT NAME :			

2. SOLE TRADERS OR PARTNERSHIPS ONLY			
NAMES AND CONTACT NUMBER OF ALL PARTNERS/INDIVIDUALS :			
NAME 1 (in full) :		CONTACT NO :	
NAME 2 (in full) :		CONTACT NO :	
NAME 3 (in full) :		CONTACT NO :	
INVOICING NAME AND ADDRESS :			
		POSTCODE :	
TELEPHONE NO :		FAX NO :	
MOBILE NO :		EMAIL ADDRESS :	

3. NATURE OF BUSINESS (tick where appropriate)

<input type="radio"/> General Builder	<input type="radio"/> Property Developer	<input type="radio"/> Architect/Designer
<input type="radio"/> Window Specialist	<input type="radio"/> Conservatory Specialist	<input type="radio"/> Roofing Specialist
<input type="radio"/> Other (please state) :		

4. CONDITIONS OF SALE AGREEMENT

I/We hereby agree to abide by the Apollo Trade Window Store Ltd's Terms and Conditions of Sale as detailed on the back page of this form.

I/We understand that the ownership of goods purchased will not pass to me/us until the goods have been paid for.

SIGNATURE :		PRINT NAME :	
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OFFICE USE ONLY

AUTHORISED AND CHECKED BY :	
COMMENTS :	