

Account application form

Company Name:

Name of Contact:

Contact Email Address:

Full Address:

Postal Code:

TEL NO:

FAX NO:

Accounts Address:
(if different from above)

What store will you be ordering from?:

We would like a monthly credit limit of:

We authorise **Tossed** to request references, if required, from:

Name:

Name:

Tel no:

Tel no:

Your company registration number:

I certify that I am entitled to purchase goods on behalf of the above company and that I will promptly arrange payment for those goods.

You will receive a delivery invoice with every order and a statement every 30 days.
Please remit within 14 days of statement.

It is your responsibility to notify us should you appoint a different person to be our contact.

Signed

Position

Date

Once completed please return via email to iwantatossedaccount@tosseduk.com