



New Account Request

COMPANY NAME	
ADDRESS	
TEL NO.	
FAX NO.	
ACCOUNTS FAX	
EMAIL ADDRESS	
VAT NO	
CO REG NO.	
ACCOUNTS CONTACT	
BANK NAME	
BANK ADDRESS	
ACCOUNT NAME	
ACCOUNT NO.	
SORT CODE	

Sign Name

Print Name

Position in Company

To be passed to Plaxton Credit Control when complete.

Please state if Parts/Service/Glazing

Please fax back to 01909 567994