

Account Application

Company Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name |  | | | | | | |
| Address  Postcode |  | | | | | | |
| Contact Name |  | | Direct Telephone No. | | |  | |
| Email Address |  | | Company Reg. No. | | |  | |
| Email address for statements |  | | VAT No. | | |  | |
| **Please tick the type of organisation you are:** | | | | | | | |
| Training Provider |  | Individual | |  | Trade Body | |  |
| Employer |  | Awarding Body | |  | Other | |  |

Invoice Details – if different to company details

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Direct Telephone No. |  |
| Invoice Address  Postcode |  | | |

Account Payable Details – if different to invoice details

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Direct Telephone No. |  |
| Invoice Address  Postcode |  | | |

Company Signatory

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Position |  | Direct Telephone No. | |  |
| Signature |  | | Date |  |

|  |
| --- |
| **Important Information:** |
| * Please note our credit terms are strictly 30 days from the date of invoice. Failure to pay on time may result in the withdrawal of your credit facility. * Please email completed accounts form to [finance@euskills.co.uk](mailto:finance@euskills.co.uk) or post to **Energy & Utility Skills, Finance Department, Friars Gate, 1011 Stratford Road, Shirley, Solihull, B90 4BN**. * If you are completing this form with a pen then please use BLOCK CAPITALS. |

**Internal Use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Customer Code | Date In | Credit Limit | Authorised by | Updated by |
|  |  |  |  |  |