

Account Application

Company Details

|  |  |
| --- | --- |
| Company Name  |  |
| AddressPostcode  |  |
| 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 AddressPostcode  |  |

Account Payable Details – if different to invoice details

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name  |  | Direct Telephone No. |  |
| Invoice AddressPostcode  |  |

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 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  |
|  |  |  |  |  |