

COM5 LIMITED

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ACCOUNT APPLICATION

**When completed please fax or email a scanned copy
 with a copy of your headed paper to:
 FAX: 02380 669977 Email: accounts@com5.co.uk**



Go to <http://www.com5.com/terms.php> for Terms and Conditions. Do not hesitate to ask if you need help with this form.

YOUR COMPANY INFORMATION					
LEGAL COMPANY NAME					
TRADING NAME IF DIFFERENT					
COMPANY REGISTRATION NUMBER		DATE REGISTERED			
VAT NUMBER		DATE OF YEAR END			
PROPRIETOR NAMES IF SOLE TRADER OR PARTNERSHIP					
APPROXIMATE STAFFING LEVELS Please circle as appropriate		ONLINE SALES 0-5-10-15+	TELESALES 0-5-10-15+	FIELD SALES 0-5-10-15+	SUPPORT ENGINEERS 0-5-10-15+
YOUR PRIMARY SALES FOCUS Please circle as appropriate		WEB SALES	IT SUPPORT	IT INSTALLATION	VOIP OTHER_____
ESTIMATED MONTHLY SPEND ON POWER PROTECTION PRODUCTS (UPS)					
COMPANY WEB SITE ADDRESS					
ADDRESS:			DELIVERY ADDRESS IF DIFFERENT:		
POST CODE:			POST CODE:		
CONTACTS	NAME	TELEPHONE – NB: ACCOUNTS NO. MUST START 01 OR 02		E-MAIL ADDRESS	
SALES					
PURCHASING					
ACCOUNTS					
COM5 SUBMITS ALL INVOICES & STATEMENTS IN *.PDF FORMAT BY EMAIL FROM ACCOUNTS@COM5.CO.UK PLEASE ADD TO YOUR WHITE LIST IF NECESSARY. PLEASE TELL US THE CORRECT EMAIL ADDRESS FOR THIS BELOW.					
OUR ACCOUNTS PAYABLE EMAIL ADDRESS IS :					
COM5 ACCOUNTS TEAM WILL CONTACT YOU AFTER THIS ACCOUNT APPLICATION HAS BEEN PROCESSED TO SET UP YOUR ELECTRONIC PAYMENT FACILITY FOR PRE PAYMENT, CREDIT FACILITIES ARE NORMALLY OFFERED (SUBJECT TO INSURANCE CHECKS) AFTER A PERIOD OF PRE PAID TRADING.					
FOR PRE PAYMENT TERMS WE ACCEPT ELECTRONIC BILL PAYMENT (NOT BACS) AND CAN NORMALLY APPROVE SHIPMENT THAT DAY IF PAYMENT IS PROCESSED BY 4:00PM. PLEASE NOTE: WE DO NOT OFFER COD OR ACCEPT CARD PAYMENTS.					
SUPPLIER REFERENCES					
COMPANY NAME	CREDIT LIMIT	TIME HELD	ACCOUNTS CONTACT	TEL NO.	FAX NO.
I DECLARE THAT I HAVE READ AND ACCEPT THE COM5 LIMITED TERMS & CONDITIONS. I UNDERSTAND THAT IF CREDIT IS OFFERED PAYMENT TERMS ARE ELECTRONIC TRANSFER 30 DAYS FROM DATE OF INVOICE. THE INFORMATION GIVEN ABOVE IS COMPLETE AND ACCURATE. IN SIGNING THIS DOCUMENT I DECLARE THAT I HAVE THE AUTHORITY TO ACT AS AGENT FOR THE COMPANY / PARTNERSHIP DESCRIBED ABOVE.					
SIGNATURE				DATE	
PRINT				POSITION	

REGISTERED NO. 4315602 REGISTERED OFFICE: 9 LONDON ROAD, SOUTHAMPTON, SO15 2AE

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