

**COM5 LIMITED**

Unit 28, New Forest Enterprise Centre  
 Chapel Lane  
 Totton, Southampton.  
 HAMPSHIRE SO40 9LA  
**TEL: 023 8066 9955**  
**FAX: 023 8066 9977**  
 VAT NO: GB 786 571 773

**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](mailto:accounts@com5.co.uk)**



Go to <http://www.com5.co.uk/terms/terms.htm> 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   |              |   |                                |   |         |
| ESTIMATED CREDIT LIMIT REQUIRED<br>MINIMUM £5000 OR CASH ACCOUNT   |              |   |                                | CREDIT TERMS ARE 30DAYS<br>FROM DATE OF INVOICE |         |
| ESTIMATED MONTHLY SPEND ON DATA STORAGE PRODUCTS   |              |   |                                |   |         |
| PRIMARY BUSINESS FOCUS   |              |   |                                |   |         |
| COMPANY WEB SITE ADDRESS   |              |   |                                |   |         |
| ADDRESS:   |              |   | DELIVERY ADDRESS IF DIFFERENT: |   |         |
| POST CODE:   |              |   | POST CODE:                     |   |         |
| CONTACTS   | NAME         | TELEPHONE – NB: ACCOUNTS NO.<br>MUST START 01 OR 02 |                                | E-MAIL ADDRESS                                  |         |
| SALES  |              |   |                                |   |         |
| PURCHASING   |              |   |                                |   |         |
| ACCOUNTS   |              |   |                                |   |         |
| COM5 SUBMITS ALL INVOICES & STATEMENTS IN *.PDF FORMAT BY EMAIL FROM <a href="mailto:ACCOUNTS@COM5.CO.UK">ACCOUNTS@COM5.CO.UK</a> 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 AS <b>WE NO LONGER WISH TO RECEIVE PAYMENTS VIA ROYAL MAIL.</b> HOW THIS IS DONE WILL DEPEND ON THE TYPE OF ACCOUNT YOU ARE OFFERED BUT IS NORMALLY ELECTRONIC BILL PAYMENT OR BACS.  |              |   |                                |   |         |
| FOR CASH ACCOUNTS 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 CARD PAYMENTS ON CASH ACCOUNTS.   |              |   |                                |   |         |
| 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 APPROVED 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  |         |