



## Corporate/Business Account Application Form

Please fill in this form and sign it and send it back to us by email  
If you have any questions please call us on 01375 506162  
More information about our services can be found by visiting  
<https://www.grayscabline.co.uk>

Company Name:

Address:

Postcode:

Telephone Number

Monthly Credit Required:

Banker's Name & Address:

Account No:

Sort code:

Name & Address of Two References:

1.

2.

\*\*\*\*Payments must be made within 14 days from the receipt of invoice.

Signature:

Print Name:

Company Position/Job title:

Date:

Please fill in this form and sign it and send it back to us at the email below

[admin@grayscabline.co.uk](mailto:admin@grayscabline.co.uk)

\*\*\*If you are facing difficulty in filling the form on your computer and signing it, you can also print the form and fill and sign it.  
You can send it back to us by email as a scanned copy