



Critical Environment Solutions Ltd

**New Customer Account Application Form
SOP-01**

Revision No.:	4.40
Issue Date:	10/03/2009
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Section A

Company Name:

Contact Name:

Address:

Post Code:

Tel: **Fax:**

E-Mail:

Company Reg No:

D-U-N-S Number:

Credit Required:

Section B

Credit Limit: **Credit Terms:**

Sales Manager Name:

Credit Check Attached? Yes No

New Account Authorisation:

Financial Director

Section C

Account Code **Industry Category**

Authorised **UK Region**

Date **Rep Code**

Section - A Completed by Customer

Section - B Completed By Assistant Accountant

Section - C Completed by Assistant Accountant