

Grayson (GB) Ltd
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Full Company Trading Name					
Telephone Number		Fax Number		E-mail Address	
Company Registration Number					
Full Invoice Address					
		Post Code			
Full Registered Office Address					
		Post Code			
Amount of Credit Required <i>(Your monthly spend on this product group x 2)</i>		£			
Accounts Contact <i>(Person Responsible for Payment of Account)</i>				Title	
Sales Contact <i>(Person Responsible for Supplier Contracts)</i>				Title	

I have read and understood the Grayson (GB) Ltd terms (Issue 2006/1) and conditions of sale and agree to abide by these.
 I also understand and will abide by the Grayson (GB) Ltd 30 days from end of month account facility.
 I am aware that the above details will be used by Grayson (GB) Ltd for credit checking purposes.
 These details will not be divulged to any third party without written permission from the applicant.

Signed * _____ Position * _____ Date _____

*** Authorised Signatory Only**

Grayson Office Use Only

Account Manager	Credit Score	Industry Category	Spend	Geographic	Account No	Authorised

