

ACCOUNT APPLICATION FORM

Shannon Recruitment Ltd
Gerrard House
Theobald Street
Borehamwood
Hertfordshire
WD6 4RT
0208 953 1372
info@shannonrecruitment.co.uk

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Country:	Post Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Limited:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business/Invoice address:			
City:	Country:	Post Code:	
Accounts Contact Name:			
Telephone:	Fax:	E-mail:	
VAT No:		Company Registration No:	
Is a Purchase Order Number Required		Yes:	No:
Company Directors: 1			
2			

BUSINESS/TRADE REFERENCES


Company name:			
Address:			
City:	Country:	Post Code:	
Phone:	Fax:	E-mail:	
Contact:			
Company name:			
Address:			
City:	Country:	Post Code:	
Phone:	Fax:	E-mail:	
Contact:			

Agreement

All payments are due 30 Days from date of invoice (Permanent Staff)
 All payments are due 14 Days from date of invoice. (Contract Staff)
 Claims arising from invoices must be made within seven working days
 By submitting this application, you authorize Shannon Recruitment Limited to make inquiries into business/trade references that you have supplied

I accept the terms and conditions of payment for accounts payable as above and I/we acknowledge that all transactions with Shannon Recruitment Limited are in accordance with and subject to the Terms of Business as attached to this application.

SIGNATURES

In Accordance with our "Terms of Business"/Conditions of payment. Signed on behalf of		In Accordance with our "Terms of Business"/Conditions of payment. Signed on behalf of Shannon Recruitment Ltd
Print Name:	Date:	Title: Director