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CASH ACCOUNT APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

Trading Name:

Contact Name:

Address:

Town:

County: Post Code:.....

Telephone: Mobile:.....

Email:

Preferred Branch Location:

Order Numbers Required? YES NO
(delete as applicable)

Please tick here if you give consent to receive marketing communications from Parker Building Supplies: [] Email [] Post [] SMS

Customer Signature:.....

FOR BRANCH USE ONLY:

Expected Customer Monthly/Annual Spend:.....
(To be reviewed by at 3 months)

(Please Only tick 1 of the boxes)

Key Product Classification

- BRI [] Bricklayer GEN [] General Builder
BUS [] Non-Construction Business GRO [] Groundworker/Landscaper
CAR [] Carpenter/Joiner PLA [] Plasterer/Dry-Liner/Painter
DEV [] Property Dev/Self-Build PLU [] Plumbing & Heating
DOM [] Domestic/DIY ROO [] Roofing Contractor

Recommended Band Classification:.....

Issuing Branch:.....

Branch Manager's Signature:.....

(If Required) Regional Manager's Signature.....

Parker Building Supplies Ltd

Branch Support Centre

Unit J1 Franklin House Chaucer Business Park Dittons Road BN26 6QH
T: 01825 748400 F: 01825 765822 E: info@parkerbs.com