



www.parkerbs.com

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)

Expected Product Mix/Customer Classification: .....

Recommended Band Classification: .....

Issuing Branch: .....

Branch Manager's Signature: .....

Authorisation (as required): .....

Parker Building Supplies Ltd

Branch Support Centre

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