



**Account Set up Form**

PLS Medical Ltd  
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Email: [info@plsmmedical.co.uk](mailto:info@plsmmedical.co.uk)  
Web: [www.plsmmedical.co.uk](http://www.plsmmedical.co.uk)

FULL NAME OF THE COMPANY: \_\_\_\_\_

TRADING TITLE: \_\_\_\_\_

REGISTERD OFFICE: \_\_\_\_\_

TRADING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

COMPANY REGISTRATION NO: \_\_\_\_\_ VAT NO: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

CONTACT FOR ACCOUNTS: \_\_\_\_\_ PURCHASES: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ SORTCODE: \_\_\_\_\_

TRADE REFERENCES (Please ensure full addresses are supplied)

1. \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_