

BACS PAYMENT FORM

COMPANY DETAILS	
Company Name: Block Capitals	
Site Name:	Site A/C Internal Use Only
Company Registration Number:	,
If Sole Owner Or Partnership Name (S) And Pers	sonal Addresses;
Address:	
Postcode:	
VAT Number:	
BANK DETAILS	
Bank Name:	
Bank Address: Name:	
Address:	
Postcode:	
Telephone Number:	
Account Name:	
Sort Code:	Account No.
Company Contact Name:	1



CREDIT REFERENCE FORM

Company Name:	
Address:	
To: The Bank Mar	nager
Bank Name:	
Address:	
<u>-</u>	
Sort Code:	00 - 00 - 00
A/C Number:	0000000
	000 - 0000 - 00
Date:	
Dear Sir/Madam,	
Re: Mandate to giv	re references
	s letter as authority to CH Jones Limited to take bank ount(s) with you, at any time in the future, until we revoke writing.
Yours faithfully,	
Signed:	
Print Name:	Block Capitals