



Account Application Form

Company Details			
Trading Name		Legal Entity Name	
Street Address			
City/Town			
County/State		Postcode/Zip	
Country		Main Tel Number	
Company Reg No:		Sales Tax/VAT Reg No:	
Annual Sales	£ \$ Euro	EORI Number:	
Monthly Credit Required	£ \$ Euro		

Billing Details (if different from above)			
Street Address			
City/Town			
County/State		Postcode/Zip	
Country		Main Tel Number	

Contact Details – Accounts Payable			
Contact Name:		Tel No:	
Email:			
Preferred email for invoices:			

Contact Details – Buyer			
Contact Name:		Tel No:	
Email:			

Reference 1		Reference 2	
Name		Name	
Company		Company	
Street Address		Street Address	
City/Town		City/Town	
County/State		County/State	
Postcode/Zip	Country	Postcode/Zip	Country
Main Tel No		Main Tel No	

Shipping Information			
IQD Shipping Cost Added to Customer Invoice:	Yes	No	
If no, Preferred Courier:	Name	Account No	

Signed: _____ Date: _____

For more information, please see: <https://www.iqdfrequencyproducts.com/en/service/terms-of-business>

PLEASE SCAN AND EMAIL/FAX SIGNED FORM TO: customer.service@IQDFrequencyproducts.com or Fax: +44 (0)1460 270280