



## NEW SUPPLIER REQUEST FORM

Please complete and return form to  
[accounts@polyplas.co.uk](mailto:accounts@polyplas.co.uk)

**Polyplas Extrusions Ltd**

Unit 1 Wilden Industrial Estate  
 Wilden Lane  
 Stourport on Severn  
 Worcestershire  
 DY13 9JY

+44 (0)1299 827344  
 +44 (0)1299 827016  
[info@polyplas.co.uk](mailto:info@polyplas.co.uk)  
[www.polyplas.co.uk](http://www.polyplas.co.uk)

REQUESTED BY	
NAME OF SUPPLIER	
ADDRESS	
POSTCODE	
TELEPHONE NUMBER	
EMAIL ADDRESS	
VAT NUMBER	
BANK DETAILS	
ACCOUNT NAME	
ACCOUNT NUMBER	
SORT CODE	
EMAIL ADDRESS FOR REMITTANCES	
PAYEE NAME (if different from above)	
PAYEE ADDRESS (if different from above)	
POSTCODE	

<u>PAYMENT TERMS ARE 60 DAYS FROM END OF MONTH OF INVOICE</u>	
AGREEMENT TO THE PAYMENT TERMS BY THE SUPPLIER	
AUTHORISED SIGNATURE	
DATE	
PRINT NAME	
JOB TITLE	

FOR POLYPLAS EXTRUSIONS LTD USE ONLY	
DIRECTORS SIGNATURE	DATE
SUPPLIERS ACCOUNT REFERENCE	