



**Hipag Online**

The independent HIP Group

Fax: 0845 280 6600, Phone: 0845 375 2890, Email: support@oyezhipag.co.uk

**Partnership/Limited /Public Limited Company Account Application Form**

**ESTATE AGENT OR SOLICITOR**

(delete as appropriate)

**COMPANY OR PARTNERSHIP**

(delete as appropriate)

**NAME OF LEGAL ENTITY**

**TRADING NAME**

Address

Post Code

Telephone

Facsimile

Company Registration No.

Partners' names (if list too long provide location list can be found)

Registered Office

Post Code

Date Trading Commenced

No. of Employees

VAT Registration No.

**Persons Responsible for HIP's in Your**

**Company/Partnership**

**Persons Responsible for Payment**

**Signed**

**Date**

**Name**

**Position**

**PLEASE REMEMBER OUR TERMS ARE 15 DAYS FROM MONTH END**

**FOR OFFICE USE ONLY**

CREDIT LIMIT

ACCOUNT OPENED BY

DATE ACCOUNT OPENED

ACCOUNT CODE

AUTHORISED BY

**Please return completed form together with the direct form and a copy of your letterhead to:**

Hipag Accounts Department, Unit 4, Stafford Cross, Stafford Road, Croydon, Surrey, CR0 4TU