

Trade Account Application

PLEASE COMPLETE AND RETURN TO US ON THE ABOVE ADDRESS OR BY FAX: 01423 541 021

v06/10/1.1

TRADING NAME:
ADDRESS:
TOWN:
COUNTY:
POSTCODE:

TEL:
FAX:
EMAIL:
CONTACT NAME:

TYPE OF COMPANY:	<input type="checkbox"/> Limited	<input type="checkbox"/> Sole Trader
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QUALIFICATIONS (Please provide details of any industry standards your company has):

VAT REGISTRATION No:

LENGTH OF TIME TRADING:

COMPANY REGISTERED No:

APPROXIMATE TRADING AREA:

TRADE REFERENCES (Please supply two references including name, address, contact and telephone number):	
REFERENCE 1:	REFERENCE 2:
Name _____	Name _____
Address _____	Address _____
Contact _____	Contact _____
Telephone _____	Telephone _____
Fax _____	Fax _____
Email _____	Email _____

BANK DETAILS:	
Bank Name _____	Account Number _____
Branch _____	Sort Code _____

WHERE OR HOW DID YOU HEAR ABOUT US?:

ACCOUNT TYPE REQUIRED (30 Days):

NAME:	SIGNED:	DATE: