

Account Application Form

Full Trading Name	
Limited / Partnership / Sole Trader / PLC (please circle)	Managing Director's Name
Full Address	Company Registration No.
.....	VAT Registration No.....
..... Post Code	
Telephone No.	Date Business Established
Fax	Type of Business

Invoice Address (if different from above)	
Full Address	Email
.....	Telephone No.
Post Code.	Fax

Sole Trader or Partnership please complete the following. If a limited company, please supply a Director's name.

Sole Trader / Partner No. 1 / Director	Sole Trader / Partner No. 2 / Director
Full Name	Full Name
Home Address	Home Address
..... Post Code Post Code
Telephone No.	Telephone No.

Accounts Information	Bank Name	Bank/BS
Accounts Contact	Address	
Tel No.	
Accounts email	Post Code
Address (if different)	A/c	Sort Code
..... Post Code	Name of Account	

Trade Reference 1 Name	Trade Reference 2 Name
Address	Address
.....
..... Post Code Post Code
Telephone No.	Telephone No.
Fax No.	Fax No.
Contact	Contact

I/we confirm that I/we have read and accepted your standard terms and conditions of sale supplied with this application.	
Signed	Director / Partner / Owner
I/we give my/our consent to a credit search being made on me/us as owner/partner or director of this organization both now and at any future date. I/we understand this search will be recorded by the agency and may be disclosed to subsequent enquirers.	