

APPLICATION	FOR	TRADE	ACCOUNT
	1.01	INADE	ACCOUNT

	BU	SINESS CONTACT INFORMATIO	DN	
Trading name:				
Phone:	E-Mail:		Fax:	
Correspondence Address:	•		·	
Post Code:	T			
Credit Limit Requested:				
Primary Contact Name:		Position:		
		rosition.		
Sole Trader	Partnership	Limited	Other	
	i di tilor sinp	Lininted	other	
	P	EGISTERED COMPANY DETAIL		
Registered Company Name				
Company Registered Addre				
Post Code:				
VAT Reg:		Co. Reg:		
	<i>,</i>	BANK INFORMATION		
	(ONLY REQUI	RED FOR CREDIT ACCOUNT AP	PLICATIONS)	
Bank Name:				
Branch:		Account Name:		
Sort Code:		Account Number:		
	BI	USINESS/TRADE REFERENCE (1)	
Company Name:				
Address:				
Post Code:				
Phone:	Email:	Type of Account:		
		JSINESS/TRADE REFERENCE (2)	
Company Name:			-/	
Address:				
Autress.				
Post Code:				
Phone:	Email:	Type of Account:	•	
	•			
Se	e Attached - Yo	ur signature shows vo	ur acceptance of our terms	
			•	
Print name:		Title:		
Signature:		Date:		

GDPR Compliant

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