



Credit Account Application Form. Please note that all fields are mandatory.

Company Name:	Number of years trading:	
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Please tick appropriate trading entity: LTD Sole Trader Partnership LLP PLC

Full names and <u>addresses</u> of partners or sole trader:	
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VAT Registration Number	Company Reg. No. (if Applicable)
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Address	
Invoice Address (If different)	
Delivery Address (If different)	

Company website address	www.	Company email address	
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Please tick all appropriate boxes that apply to your business:

- Is 'booking in' required?** Yes No If yes please provide 'Goods In' contact number _____
- Are back orders accepted?** Yes No
- Description of business:** Wholesale Retail Mail order Online Export Discount Other _____ (Detail)
- Marketing Sector:** Hardware Agriculture Homewares Garden Cash & Carry Other _____ (Detail)
- How was contact made?** Agent Trade Show Twitter Facebook Direct Other

Purchasing contact details

Title (Mr, Mrs, etc.)		Forename		Surname	
Job Title		Department			
Telephone Number		Email address			

Accounting contact details

Title (Mr, Mrs, etc.)		Forename		Surname	
Job Title		Department			
Telephone Number		Email address			

SIGNED BY AUTHORISED SIGNATORY IN ACCEPTANCE OF OUR TERMS & CONDITIONS

Signature:
Print Name:
Position within the company:
Date:

Please provide two trade references with a minimum of 2 years trading history

Company name & address:		Telephone:	
		Fax:	
		Email:	
Company name & address:		Telephone:	
		Fax:	
		Email:	

FOR OFFICE USE ONLY

CRM #	Upgraded (date)	Account #	Credit Limit
Price List	Bank (ST/IF)	Area	1 st Po £
Finance Signature			