

## APPLICATION FOR ACCOUNT

Please attach your letterhead when returning this form

APPLICANT DETAILS		
Company Name:		
Trading Address:	Billing Address: (if different)	
Registered Name and Address: (if different)	Date Of Formation:	Financial Year End:
	Company Registration No.:	Credit Limit Required:
Are you registered for VAT?	VAT /EU/Reg Charity Number:	
No. Of Employees In Group:	No. of Locations/Premises:	
PURCHASE CONTACT DETAILS	ACCOUNTS CONTACT DETAILS	
Name:	Name:	
Job Title:	Job Title:	
Email Address:	Email Address:	
Telephone No.:	Telephone No.:	
Fax No.:	Fax No.:	
REFERENCES		
TRADE REFERENCE - SUPPLIER 1	TRADE REFERENCE - SUPPLIER 2	
Name and Address:	Name and Address:	
Post Code:	Post Code:	
Contact Name:	Contact Name:	
Telephone Number:	Telephone Number:	
Fax Number:	Fax Number:	
Email:	Email:	

### Special Note:

By completing this form, you are giving consent for us to use your data in line with the new GDPR 2018.