

CUSTOMER ACCOUNT APPLICATION FORM

Please complete either section A or B and all other sections also enclose a copy of your current company letterhead.

A) COMPANY DETAILS (For Limited Companies only)

Limited Company Name:	
Company Registration No:	
Trading Address:Post Code:.....	Invoicing Address: <i>(if different to trading address)</i> Post Code:..... Contact Name:.....
Tel No:	Fax No:
Type of Company: <i>(Delete as appropriate)</i> Limited/Sole Trader/Partnership/Public Service/Charity	
Vat registered: <i>(Delete as appropriate)</i> Yes/No	If Yes Vat Registration No:
Credit limit required: £.....	<i>(Please note the credit limit reflects the maximum amount of credit allowed at any one time.)</i>

B) PERSONAL DETAILS (For Sole Trader/Partnership only)

Names of Principals or Partners Sole Trader or 1 st Partner First Name:..... Surname:	
Address:Postcode:.....	
Full Name Partners: 2 nd Partner First Name:..... Surname:	
Address:Postcode:.....	
Trading Address of Business:Post Code:.....	Invoicing Address: <i>(if different to trading address)</i> Post Code:..... Contact Name:.....
Trading Address Tel No:	Fax No:
Credit limit required: £.....	<i>(Please note the credit limit reflects the maximum amount of credit allowed at any one time.)</i>

C. BANK DETAILS

Bank Name:	
Address:Postcode:.....	
Tel No:	Fax No:
Account No:	Sort Code:
Payment Method: <i>(Delete as appropriate)</i> Electronically directly into our bank account/Cheque	

D. TRADE REFERENCES

Please give details of 2 companies with whom you trade to the level of this application

1 st Trade Reference Company Name:		Contact:
Address:Postcode:.....		
Tel No:	Fax No:	
2 nd Trade Reference Company Name:		Contact:
Address:Postcode:.....		
Tel No:	Fax No:	
Credit limit required: £.....	<i>(Please note the credit limit reflects the maximum amount of credit allowed at any one time.)</i>	

I confirm that I have read and accept the terms and condition of sale attached, I understand that all orders will be placed on those terms (any amended terms later adopted by you and notified to me in writing).

I confirm that the information given in this application to be true and accurate.

DATA PROTECTION ACT 1998 NOTICE

Where I provide you with personal data ("data"), I understand that the data will be held securely, in confidence and processed for the purpose of carrying out your business and associated activities ("Activities"). In considering my application, I accept that you may consult with and disclose the data to credit reference agencies, banks, credit insurers and other responsible organisations outside your business that you have nominated ("third parties"), and that such third parties may process the data. I understand that under the Act I have a right to know what data you hold on me if I apply to you in writing and pay the applicable fee.

E. Authorised Signature

Director/Company Secretary/Owner: <i>(Delete as appropriate)</i>	
Full Name <i>(Block Capitals Please)</i> :	
Position Held:	Date: