**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:  Post Code: | Name and Address:  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.