

APPLICATION FORM

Company Name : _____

Address : _____

Post Code : _____

Telephone : _____ Fax : _____ E - Mail : _____

Contact Name : _____ Position : _____

Registered Office : _____

Company Number (Ltd. Only) : _____ VAT Number : _____

Number of Years Trading : _____

Company Status : (please tick appropriate) Other (please state) _____

Sole Trader

Partnership

Limited

PLC

Name(s) and Address(es) of Directors / Partner(s) :

Home Telephone No: _____

Bank Details :

Name : _____ Tel : _____

Address : _____

Account No : _____ Sort Code : _____

Trade Reference :

Name : _____

Address : _____

Tel: _____ Fax : _____

I confirm the answers given above are true and to the best of my knowledge

Signed : _____ Position : _____

Print Name : _____ Date: _____