

Please complete in **BLOCK CAPITALS**. For any enquiries relating to this form, please call **0333 0207 09625**.

## YOUR BUSINESS DETAILS

Company/Trading Name:

Limited Company Name  
(if different to above):

Company Address:

Postcode:

Telephone No:  Mobile No:

Email:

Length of time in business:      Years:       Months:

Type of Company (please place an 'X' in the appropriate box):

Sole Proprietorship       Partnership       Limited Company

LLP       PLC       Other (please state)

Name of main purchaser:

Contact No:

## LIMITED COMPANIES ONLY

Company Reg. No:       Date of Incorporation:

Delivery address  
(if different to above):

Postcode:

## INVOICING

Contact name for invoicing enquiries:

Contact No:

Email:

## CREDIT SERVICES USE ONLY

Sales Person Code:       Account No: