

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:

