

**Date:** .....

**Name of Company/Business:**

Trading Name (*if different*):

.....

Address:

.....

.....Post Code:

.....

Telephone No: ..... Fax No:

.....

Email:

.....

Numbers Of Years Trading:

.....

Company Registration No:..... Vat No:

.....

Type Of Business:

.....

Business Status: Limited Co / Sole Trader / Partnership / other

.....

**Directors / Proprietors / Shareholders:**

**Name(s):**

1:

.....

.....

2:

.....

.....

3:

.....  
.....

4:

.....  
.....

Date Business Established:

.....

**Bank Details**

Bank Name:

.....

Address:

.....

.....Post Code:

.....

Account No: ..... SortCode: ..... Credit Required: £

.....

**Office Use Only**

**Trade References:**

1, Name: .....

Type Of Business: .....

Contacted: .....

Address: .....

Replied: .....

.....

Post Code: .....

Telephone: .....

Fax: .....

Email: .....

Credit Limit: .....

2, Name: .....

Type Of Business: .....

Contacted: .....

Address: .....

Replied: .....

.....

Post Code: .....

Telephone: .....

Fax: .....

Email: .....

**Copy of Letterhead Attached:**

I/We apply for opening of a credit account and declare the above details to be correct. I/we confirm receipt and acceptance of Direct Wholesale Marketing General Conditions of Trade.

Authorised Signatory: .....

Print:

Name: .....

Position: .....

Date: .....