

New Customer Account Application

Full Trading Name _____

Sole trader/Partnership/Ltd co _____

Full names of trader/partners/ directors and dates of birth: _____ D.O.B. _____
_____ D.O.B. _____

If Ltd co. need registration no. _____
(Please note that we may require a guarantee by the directors)

Delivery Address _____

Private Address _____

Contact Phone numbers

Office _____ Home _____

Mobile _____ Fax _____

Email address: _____ Website; _____

Expected weekly spend _____
(Ask customer)

Account Type Requested

YES/NO

TYPE 1 Cash Warehouse collection only

TYPE 2 7 day account
For new customers, a deposit may be required for this type of account.

TYPE 3 Credit account
Before goods are delivered we require 2 satisfactory references.

References: Name and address
1) _____ 2) _____

Date: _____ Signature(s): _____

NB: Please enclose the following evidence of trading with your application:-

- Business card or letter heading
- 2 recent bills confirming business name and address. (For new businesses, a copy of a lease agreement or a copy of a letter from the council would be sufficient.)
- For Limited companies, please enclose a copy of the Certificate of Incorporation.