

Please attach your company letterhead and return original application by post.
 Account tel: **0113 228 2001** fax: **0113 240 5588**

Company name:	
Company (invoice) address:	Delivery address if different:
Postcode:	Contact name:
Phone: Fax:	Contact tel: Fax:
<u>Opening and closing times</u>	Artic Access: Yes/No
Mon - Thur:	If no, what size vehicle can you take?
Friday if different:	Access to FLT & weight limit: Yes/No _____ kg
Buyers name(s):	Type of business activity:
Managing Director:	Financial Director:
Company registration no:	Date of formation:
Sole trader/partnership only home address(s):	
If subsidiary company, please give name and address of holder:	
Trade reference 1:	Trade reference 2:
Tel no: Fax:	Tel no: Fax:
Bank name and address:	Sort code:
	Account no:
	Credit limit applied for: £
I have read and understand and agree to comply with your terms and conditions and acknowledge receipt of a copy of your conditions of business. I am the individual above named or a duly authorised of the above Company or Firm so applying.	
Authorised signature:	Name (block capitals):
Position in company:	Date:

