

TRADE ACCOUNT APPLICATION FORM

Please complete <u>all</u> fields

		BUSINESSIN	FORMATION					
Company Name								
Date business commenced		N	ature of Business	5				
Registered Company Address including postcode				Sole Proprietor				
			Limi	ted Compa	any			
	Part	Partnership						
Registered Company Number:				Other				
VAT Number								
Email			I					
Telephone			Mobile Number	Mobile Number:				
Trading Name (If different to Business Name)								
(
Sales Contact Details:								
Name								
Contact numbers	Mobile			Office				
Email address								
						Postcode		
Delivery Address						1 0010040		
(If different to Company address)								
DELIVERY INSTRUCTIONS (EG								
Please Book in, Opening								
hours or restricted								
access etc)								
						Postcode		
Invoice Address								
(If different to Company address)								



Accounts contact details (if different from above)							
Name							
Contact numbers	Mobile		Office				
Email address							

Would you like our offers, discount codes and occasional newsletter emailed to you? YES / NO

IS YOUR BUSINESS (delete as applicable): HIGH STREET SHOP / RENTED SPACE

ONLINE SHOP (Please confirm whether this is via own website, Amazon re-seller, Ebay reseller, Etsy reseller or any other third party website):

DO YOU ATTEND MARKETS / CRAFT FAIRS / POP-UP SHOPS? (delete as applicable): YES / NO

In the event that your application is unsuccessful, we will not retain your information

Please add a brief overview of your business and other information that will be useful for us to know. For example any environmental measures you have put in place with your business: