

TRADE ACCOUNT APPLICATION FORM Please complete <u>all</u> fields

BUSINESS INFORMATION					
CompanyName					
Date business commenced	N	lature of Business			
Registered Company Address including postcode		Sole F	Proprietor		
		Limite	edCompany		
		Partne	ership		
Registered Company Number		Other			
VAT Number					
Email				.	
Telephone		Mobile Number			
Trading Name (If different to B	usiness Name)				

Sales Contact Details:

Name			
Contact numbers	Mobile	Office	
Email address			

	Postcode
Delivery Address	
(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

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