

FREE Trial Membership Application

Name of Business: _____

Address: _____

Tel No: _____ Email: _____

Website: _____

Type of business: Sole Trader / Partnership / Limited Company: _____

How long has the business been established? _____

State type of business (DIY, Hardware, Housewares etc): _____

Do you have an early closing Day? _____

Directors / Proprietors / Partners names: _____

IF A LIMITED COMPANY PLEASE COMPLETE THE FOLLOWING:

Company Registration No: _____

Registered address (if different from above): _____

Name and address of bank: _____

Bank Account Number: _____ Bank Sort Code: _____

Please note that we will run a credit check on the Business.

Name of person who will be responsible for orders: _____

Signature: _____ Date: _____

Director / Proprietor / Partner / Secretary