

ACCOUNT APPLICATION FORM

Full Company Name:			
Status:	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other	
Type of Business:			
Trading Address:			
Telephone:		Fax. No.:	
Company Registration No.:		VAT No.:	
No. of Years Trading			
Contact Name 1		Tel. No.:	
Contact Name 2		Tel. No.:	
Country of Registration:			
Estimated Monthly Turnover:	£		
Registered Address:			
Home Address of Director / Proprietor / Partners			
Trade Reference 1:			
Trade Reference 2:			

Declaration:

I / We confirm that the details above are correct and that I / we wish to open an account with Provider Cash & Carry Ltd.

***** I understand that *****

Goods must be paid for in cash:

a) before taking them from the building

or

b) On delivery.

Date: _____

Signed: _____

Print Name: _____