



**CUSTOMER APPLICATION FORM**

COMPANY INFORMATION

|                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| Name:                                |                                      |  |
| Company Reg No:                      | Vat No:                              | EORI No:                                   |
| Registered Address:                  |                                      |  |
| City:                                | County:                              | Post Code:                                 |
| Year Established:                    | Trading Name:                        | Website:                                   |
| <b>Legal Status</b>                  |                                      |  |
| <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability |
| Phone:                               | Fax:                                 | E-mail:                                    |

PAPERWORK INFORMATION

|                         |         |            |
|-------------------------|---------|------------|
| <b>Invoice Address</b>  |         |            |
| Address:                |         |            |
| City:                   | County: | Post Code: |
| <b>Delivery Address</b> |         |            |
| Address:                |         |            |
| City:                   | County: | County:    |

DIRECTOR(S) INFORMATION

|                 |          |                |
|-----------------|----------|----------------|
| (1) First Name: | Surname: | Date of Birth: |
| Address:        |          |                |
| City:           | County:  | Post Code:     |
| Office Phone:   | Mobile:  | E-mail:        |
| (2) First Name: | Surname: | Post Code:     |
| Address:        |          |                |
| City:           | County:  | Post Code:     |
| Office Phone:   | Mobile:  | E-mail:        |

BANK INFORMATION

|                         |              |                 |
|-------------------------|--------------|-----------------|
| Bank Name:              |              |                 |
| Address:                |              |                 |
| City:                   | County:      | Post Code:      |
| Branch:                 | Sort Code:   | Account Number: |
| International Currency: | SWIFT / BIC: | IBAN:           |

BUSINESS TYPE

|  |                                   |  |                                 |                                     |
|--|-----------------------------------|--|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Distributor   | <input type="checkbox"/> Retailer | <input type="checkbox"/> Online Retailer | <input type="checkbox"/> Broker | <input type="checkbox"/> Wholesaler |
| I confirm that I have completed this form accurately & that I am authorized to sign on behalf of the company.<br><b>Please attach the following with this form via email</b> |                                   |  |                                 |                                     |

|                         |                               |                 |                              |                                      |
|-------------------------|-------------------------------|-----------------|------------------------------|--------------------------------------|
| Signed Application Form | Signed Letter of introduction | VAT Certificate | Certificate of Incorporation | Director(s) Driving License/Passport |
| Signature of applicant  |                               | Print Name      | Date                         |                                      |