

NEW CUSTOMER TRADING APPLICATION

TO AVOID ANY DELAY IN HANDLING YOUR VALUED ORDERS WILL YOU PLEASE:

1. Complete the Questionnaire in BLOCK CAPITALS.
2. Attach a printed sample of your company letterhead.

**Private &
Confidential**

FULL TRADING NAME: _____

INVOICE ADDRESS: _____

 _____ POST CODE: _____

TEL NO: _____ FAX NO: _____

EMAIL: _____

How long established in this business? _____

If under one year please state previous trading activity or employment: _____

DELIVERY DETAILS (If different from above)

ADDRESS: _____

 _____ POST CODE: _____

TEL NO: _____ FAX NO: _____

EMAIL: _____

CONTACT DETAILS	Contact Name	Telephone Number	Email Address
ORDER Processing			
PAYMENT Processing			
INVOICE Processing *			
STATEMENT Processing *			

* PLEASE NOTE: ALL INVOICES AND STATEMENTS ARE SENT ELECTRONICALLY TO THE SPECIFIED EMAIL ADDRESS ABOVE



To be completed by LIMITED COMPANY requiring credit

NAME OF LIMITED COMPANY: _____

REGISTERED OFFICE: _____

_____ POST CODE: _____

COMPANY REGISTRATION NO: _____

DATE OF INCORPORATION: _____

PLEASE GIVE NAMES OF ALL DIRECTORS: _____

To be completed by SOLE TRADERS or PARTNERSHIPS requiring Credit

FULL NAME OF PROPRIETOR/PARTNER: _____

HOME ADDRESS: _____

POST CODE: _____ TEL NO: _____

IS THE PROPERTY: OWNED RENTED HAVE YOU BEEN INVOLVED IN RECEIVERSHIP/LIQUIDATION? YES NO

IF SO PLEASE GIVE DETAILS: _____

FULL NAME OF PROPRIETOR/PARTNER: _____

HOME ADDRESS: _____

POST CODE: _____ TEL NO: _____

IS THE PROPERTY: OWNED RENTED HAVE YOU BEEN INVOLVED IN RECEIVERSHIP/LIQUIDATION? YES NO

IF SO PLEASE GIVE DETAILS: _____

BANK DETAILS

NAME OF BANK _____

ADDRESS: _____

_____ POST CODE: _____

ACCOUNT NO: _____ SORT CODE: _____ / _____ / _____

CUSTOMER ACCOUNT TITLE: _____

TRADE REFERENCES

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
_____ POST CODE: _____	_____ POST CODE: _____
TEL NO: _____	TEL NO: _____

ESTIMATED MONTHLY PURCHASES CREDIT LIMIT REQUIRED: _____

I/WE CONFIRM THAT WE HAVE RECEIVED, READ AND UNDERSTOOD ALL THE TERMS & CONDITIONS OF SALE THAT WERE SENT TO US WITH THIS FORM.

HERE AT PLATINUMHPL WE TAKE YOUR PRIVACY SERIOUSLY AND WILL ONLY USE YOUR PERSONAL INFORMATION TO ADMINISTER YOUR ACCOUNT AND TO PROVIDE THE PRODUCTS AND SERVICES YOU HAVE REQUESTED FROM US.

HOWEVER, FROM TIME TO TIME WE WOULD LIKE TO CONTACT YOU WITH DETAILS OF NEW PRODUCTS/SERVICES/OFFERS AND COMPETITIONS. IF YOU CONSENT TO US CONTACTING YOU FOR THIS PURPOSE PLEASE TICK TO SAY HOW YOU PREFER THAT WE CONTACT YOU, YOU MAY TICK MORE THAN ONE OPTION:

POST **EMAIL** **TELEPHONE**

AUTHORISED SIGNATURE: _____ PRINT: _____