

Account Application Form

Trading Name	
Trading Address	
Postcode	
Telephone	
Contact	
Email <i>(will be used for invoices)</i>	

Registered Name <i>(if different from above)</i>	
Registered Address <i>(if different from above)</i>	
Postcode	
Telephone	

Number of years trading	
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Legal Structure	Sole Trader	Partnership	Ltd Company	Charity
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Company Registration Number	
VAT Number	

Person Responsible For Accounts	
Title	
Name	
Job Title	
Direct Dial	
Email	

To Be Completed If Business Is Not A Limited Company	
Name of Partner / Proprietor	
Private Address	
Postcode	
Telephone	
Date Business Established	
Name of Accountant	
Accountant Contact Number	
Accountant Contact Email	

Trade Reference 1	
Company Name	
Address	
Postcode	
Telephone	
Contact Name	
Contact Email	

Trade Reference 2	
Company Name	
Address	
Postcode	
Telephone	
Contact Name	
Contact Email	



I have read and understood the Company's Terms and conditions for the Supply of Goods and Service and agree to abide by them

If the company agrees to extend credit terms, I agree to make payments within those terms.

I give my consent to a credit search being made on me as owner/partner or authorised person of this organisation both now & at any future date. I understand this search will be recorded by the agency & may be disclosed to subsequent enquirers.

I consent to receive e-mail marketing regarding Bookvault's products and services. You can unsubscribe at any time and we do not rent or sell your details.

I am an employee of the company and am authorised to enter into contractual obligations on its behalf.

Signed for and on behalf of the Company

Name (Block Capitals)

Position

Date