

Trading Style: Sole Trader / Partnership / Limited / Plc / Other (please specify)

Trading Name:

Registered Name (if different):

| | |
|------------------|------------------------------------|
| Trading Address: | Registered Address (if different): |
| | |
| | |
| Postcode: | Postcode: |
| Telephone No: | Telephone No: |
| Fax No: | Fax No: |
| E-mail: | E-mail: |

| | |
|------------------------|--------------------|
| Registration No: | Company Secretary: |
| Date Of Incorporation: | VAT Reg No: |

Name(s) Of Directors / Partners / Proprietors:

| | |
|------------|--|
| Addresses: | |
| | |
| | |
| Postcode: | |

| | |
|---------------------|--------------------|
| Nature Of Business: | Annual Turnover: £ |
|---------------------|--------------------|

| | |
|---|-----------------------|
| Please give the names and addresses of two relevant trade references: | |
| Name: | Name: |
| Address: | Address: |
| | |
| | |
| Postcode: | Postcode: |
| Accounts contact name: | Accounts contact name |
| Telephone No: | Telephone No: |
| Fax No: | Fax No: |

| | |
|---------------|-------------|
| Name of bank: | Sort Code: |
| Address: | Account No: |
| | |
| | Postcode: |

I have read and agree to the terms and conditions as set by EBM Office Centre Ltd.

| | |
|-----------|-------------|
| Signed: | Print Name: |
| Position: | Date: |

Print out this page and fax back to: 020 7250 1240 / alternatively send a pdf copy to sales@ebm.co.uk