

AMB Glass & Malvern Windows

Application to Open a Trade Account

Please write in BLOCK CAPITALS using black ink.
Simply complete the form and hand it in at the Trade Counter where you will be required to provide evidence of identity/authority

Total amount of credit requested £

Business Name & Address			
Please provide Company Registration Number (if a Limited Company or PLC):			
Business Name in Full:			
Business Address:			
			Post Code:
Telephone:	Mobile:	Fax:	
E-mail Business:		E-mail Home:	

Nature of Business / Main Activity (Please tick)			
PVC-U Installation	<input type="checkbox"/>	Shop Fitting	<input type="checkbox"/>
House Repairs / Maintenance	<input type="checkbox"/>	Extensions	<input type="checkbox"/>
		LHA Contract Work	<input type="checkbox"/>
		Building Contractors	<input type="checkbox"/>
Other (please specify)			

Estimated Annual Company Turnover (Please tick)			
£0 - £25,000	<input type="checkbox"/>	50,001 - £100,000	<input type="checkbox"/>
£25,001 - £50,000	<input type="checkbox"/>	£100,001 - £200,000	<input type="checkbox"/>
		£200,001 - £500,000	<input type="checkbox"/>
		Over £500,000	<input type="checkbox"/>

Sole Proprietor / Partnership			
Please provide full name(s), home address(es), date of birth (D.O.B. Optional) and previous address(es) if resident less than 5 years			
Full Name:		Full Name:	
Current Address:		Current Address:	
D.O.B.- (Optional)		D.O.B.- (Optional)	
Post Code:		Post Code:	
Previous Address (if applicable):		Previous Address (if applicable):	
Post Code:		Post Code:	

Bank Details			
Bank Name:		Bank Address:	
Sort Code: --- ---		Post Code:	
Account No:			
I hereby give authority for AMB Glass & Malvern Windows to approach the above Bank for a reference		Signed	Date

Trade References			
Please provide names, addresses and telephone numbers of two suppliers we can approach for trade references. One of these should ideally be a company of nationwide status.			
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Post Code:		Post Code:	

I/We wish to open a Trade Account with AMB Glass & Malvern Windows and agree that the account is opened and operated under AMB Glass & Malvern Windows standard terms and conditions which I/We fully comprehend.	AMB Glass & Malvern Windows Use Only. I have seen two forms of proof of identity & am satisfied as to their authenticity.
Customer:	Signed:
Signed:	Print Name:
Status:	Date:

The information supplied by you will be held on one of our company computers and managed in accordance with the requirements of the Data Protection Act 1998. The information will not be used for any marketing purposes and will not be passed onto any third parties.