



NEW TRADE ACCOUNT APPLICATION FORM

| | |
|-----------------------------|-----------------|
| YOUR DETAILS | |
| TITLE: Mr/Ms/Mrs/Miss _____ | TEL: _____ |
| FIRST NAME: _____ | EMAIL: _____ |
| SURNAME: _____ | POSITION: _____ |

| | |
|-------------------------|--|
| COMPANY DETAILS | REGISTERED ADDRESS (if different) |
| COMPANY NAME: _____ | COMPANY NAME: _____ |
| COMPANY ADDRESS: _____ | COMPANY ADDRESS: _____ |
| _____ | _____ |
| _____ | _____ |
| POST CODE: _____ | POST CODE: _____ |
| TEL: _____ | TEL: _____ |
| FAX: _____ | FAX: _____ |
| YEARS TRADING: _____ | _____ |
| COMPANY REG: _____ | _____ |
| VAT NO: _____ | _____ |
| TRADING CURRENCY: _____ | _____ |

| | |
|-------------------------|-------------------------|
| DIRECTOR DETAILS | DIRECTOR DETAILS |
| DIRECTOR NAME: _____ | DIRECTOR NAME: _____ |
| HOME ADDRESS: _____ | HOME ADDRESS: _____ |
| _____ | _____ |
| _____ | _____ |
| POST CODE: _____ | POST CODE: _____ |
| TEL: _____ | TEL: _____ |

| | |
|---------------------|--------------------|
| BANK DETAILS | |
| BANK NAME: _____ | BANK ADDRESS _____ |
| BANK TEL: _____ | _____ |
| ACCOUNT NO: _____ | _____ |
| SORT CODE: _____ | POST CODE _____ |
| SWIFT CODE: _____ | IBAN CODE: _____ |
| | CURRENCY _____ |

TRADE REFERENCE 1

COMPANY NAME: _____
 ADDRESS: _____

 POST CODE: _____
 CREDIT LIMIT _____
 CONTACT NAME: _____
 TEL: _____
 MONTHLY SPEND in GBP _____

TRADE REFERENCE 2

COMPANY NAME: _____
 ADDRESS: _____

 POST CODE: _____
 CREDIT LIMIT _____
 CONTACT NAME: _____
 TEL: _____

DECLARATION

I hereby submit the above information for the sole purpose of opening a Credit Account with HB Products Limited. I acknowledge that all orders are accepted by HB Products Limited in accordance with their terms and conditions and agree that my company shall be bound by them in all transactions. Goods shall remain the property of HB Products Limited until paid for in full.

PRINT NAME _____
 SIGNED _____
 POSITION _____
 DATE _____

| | |
|--------------------------|-------|
| FOR HBP USE ONLY: | |
| ACCOUNT NUMBER | _____ |
| CUSTOMER TYPE | _____ |
| SALESPERSON | _____ |
| | |
| VALIDATION CHECK | _____ |
| EULER CHECK | |
| CREDIT LIMIT | |
| AGREED BY | |

CHECKLIST

LETTER OF INTRODUCTION ON HEADED PAPER
VAT CERTIFICATE
COMPANY REGISTRATION FORM
DETAILS OF DIRECTORS (PASSPORT PHOTOS)

| |
|--------------------|
| <i>PLEASE TICK</i> |
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