

# WHOLESALEBEDS & FURNITURE

## CUSTOMER DETAILS FORM

PLEASE COMPLETE IN CAPITALS

Your Name : \_\_\_\_\_

- Are you :
- Sole Trader
  - a partnership
  - a limited company

If you are a limited company what is your company name: \_\_\_\_\_

What is your VAT number \_\_\_\_\_  
(Please provide copy of certificate)

What is your trading name \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Mobile No. \_\_\_\_\_

Delivery address of your outlet (We can only deliver to one permanent address)

\_\_\_\_\_

Postcode \_\_\_\_\_

Phone No. (inc. dialing code) \_\_\_\_\_

Fax No. (inc. dialing code) \_\_\_\_\_

Contact trading outlet \_\_\_\_\_

Position \_\_\_\_\_

How long has your current business been established \_\_\_\_\_

Address of invoicing (if different) \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No.(inc. dialing code) \_\_\_\_\_

Fax No.(inc dialing code) \_\_\_\_\_

Name & Address of bank \_\_\_\_\_

\_\_\_\_\_

TRADE REFERENCES (furniture trade only) **Please attach a Utility Bill along with your trade reference.**  
Name, address and telephone number of ONE trading reference

1. \_\_\_\_\_

\_\_\_\_\_

Contact : \_\_\_\_\_

Tel No. \_\_\_\_\_

Name : \_\_\_\_\_

Which Category do you fall under please tick below :

- Interior Designer  Landlord
- Building Contractor / Property Developer
- Furniture Retail Shop
- Gift Shop or other (Please State) \_\_\_\_\_

In applying to trade we agree to terms of the company, i.e. Strictly COD, Invoices paid late are liable to interest at current rates. Any queries or disputes of invoices to be made in writing within 10 days of dispatch.

I declare that the information given is correct. I further declare that if there is any change in the above details I will notify you in writing within 10 days.

Signed : \_\_\_\_\_

Name (Block Capitals) \_\_\_\_\_

Position : \_\_\_\_\_

Date \_\_\_\_\_