

Trading Account Application Form

| | |
|--|---|
| Your Name: | Title / Position: |
| Email Address: | Telephone Number: |
| Company Name: | Mobile Number: |
| Type of Business (LTD / Partnership / Sole Trader) | |
| VAT Number (if appropriate): | Company Number (if appropriate): |
| Trading Name(s) (if different to above): | |
| Trading Address: | Delivery address (if different): |
| Main Contact | Invoicing Contact |
| Contact Name: | Contact Name: |
| Email Address: | Email Address: |
| Telephone Number: | Telephone Number: |
| Business Description (please also include what you currently sell): | |
| | |
| Web URL(s): | |

| | | | | | |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Online Only | Retail Shop | Both | | |
| Retail Premises Details: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No |
| Drop-Shipping Service Required: | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | UK & US | Germany | France | Spain | Italy |
| Require access to which of our products: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Amazon | Ebay | Online Store | Rakuten | Etsy |
| Current Online Selling Platforms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other (please state) | | | | |
| | | | | | |

I confirm that these details are correct at the date signed. I understand that any errors may cause delays.

Name: _____ **Signed:** _____
Date: _____

Thank you for your time filling out this form. We look forward to our working relationship.