

PLEASE RETURN THIS APPLICATION FORM TO: uk-hranipex@hranipex.com

CUSTOMER ACCOUNT APPLICATION FORM

FULL COMPANY NAME:

REGISTERED ADDRESS:

TEL NO.

TYPE OF BUSINESS (tick appropriate box): LTD. ☐ SOLE TRADER ☐ PARTNERSHIP ☐

INVOICE ADDRESS (IF DIFFERENT FROM ABOVE):

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE):

REG NO.:

VAT NO.:

YEAR OF INCORPORATION:

ANNUAL TURNOVER £

IF SOLE TRADER/ PARTNERSHIP PLEASE PROVIDE FULL NAMES, HOME ADDRESSES, DATES OF BIRTH & TELEPHONE NUMBER(S) OF ALL PARTNERS (PLEASE USE A SEPARATE SHEET IF NECESSARY)

1. _____ Date of Birth __/__/__

_____ Tel: _____

2. _____ Date of Birth __/__/__

_____ Tel: _____

ACCOUNTS CONTACT & EMAIL ADDRESS:

PURCHASING CONTACT & EMAIL ADDRESS:

NATURE OF BUSINESS:

COMPLETED BY & JOB TITLE:

SIGNATURE:

DATE:

PLEASE COMPLETE BELOW IF REQUESTING CREDIT ACCOUNT

TRADE REF 1:

TRADE REF 2:

ADDRESS 1:

ADDRESS 2:

CONTACT 1:

CONTACT 2:

PHONE NUMBER 1:

PHONE NUMBER 2:

CREDIT REQUIRED:

£

DATA PROTECTION ACT 1998

"We may make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency"