TRADE ACCOUNT APPLICATION



COMPANY DETAILS	
Company Name:	
Trading Style: SOLE TRADER / PARTNERSHIP / LIMITED COMPANY (please circle)	
Address:	Established Since:
	Reg No.
	VAT No.
	Tel No:
	Fax No:
	Email:
PERSONAL DETAILS	
Name:	Home Tel No.
Address:	Mobile No.
Auuress.	Email:
	National Insurance No.:
	HOMEOWNER / TENANT / OTHER (please circle)
Date of Binth.	
Date of Birth:	How long have you lived here?
BANK DETAILS	
Bank:	Account No.
Address:	Sort Code:
	How long have you had this account?
TRADE REFERENCE 1	TRADE REFERENCE 2
Name:	Name:
Address:	Address:
Tel No.	Tel No.
Customer Agreement Signature	
I wish to open a credit account with Eurocross Frozen Foods (London) Ltd. I have read the terms & conditions	
& accept them. I understand that if I default on paying any overdue invoices I shall be personally liable for them.	
Signed:	Position:
Name:	Date:
Name.	
PLEASE PROVIDE COPY OF IDENTIFICATION (DRIVING LICENCE, PASSPORT ETC.) AS CREDIT ACCOUNT CANNOT BE GRANTED WITH THIS.	
FOR OFFICE USE ONLY Checked By:	Date:
Search Information:	