

## Brosch Direct Account Application Form

FULL TRADING NAME	
NAME & ADDRESSES OF ALL PROPRIETORS (if not Limited)	
TRADING ADDRESS	TEL:
	MOBILE:
	FAX:
POST CODE	EMAIL:
Complete only if different to above address	
INVOICE ADDRESS	DELIVERY ADDRESS
POST CODE	POST CODE
ACCOUNTS CONTACT	SALES CONTACT
COMPANY REGISTRATION NO.	VAT NUMBER
NATURE OF BUSINESS	

### DATA PROTECTION ACT:

I/We agree that in order to promote good business practice, the supplier may make searches on our business and/or proprietors through a reputable credit reference agency. I/We confirm that our business and/or individuals trading as the business is/are not under any voluntary arrangement, bankruptcy term or other insolvency arrangement. I/We agree to be bound by the Terms & Conditions of the supplier, including **payment terms of 21 days from invoice date**. A copy of the Terms & Conditions are available on request.

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

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

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### FOR OFFICE USE ONLY

Account Number: \_\_\_\_\_ Set Up Date: \_\_\_\_\_

Sales Person: \_\_\_\_\_

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**PLEASE FAX BACK TO 01733 230 333**

Tel: 01733 230 230 sales@broschdirect.com www.broschdirect.com

Brosch direct, Harrier Park, Southgate Way, Orton Southgate, Peterborough, PE2 6YQ