(NCAF) NEW CLIENT APPLICATION FORM

CLIENT DETAILS

Full Trading Name:	
Invoice Address:	
Delivery Address: (if different from above)	
Business Type: (please tick):	[ ] Sole Trader [ ] Limited Company [ ] Partnership
Telephone Number:	
Email Address:	
VAT / IVA Number:	
Company Number:	
Country:	
Nature of Business:	
Number of Years Trading:	

NAMES & HOME ADDRESSES OF DIRECTORS / PARTNERS

Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

CONTACT NAMES

Buyer Name:	
Position:	
Person Responsible for Payment:	
Position:	

TRADE REFERENCES

Name:	
Address:	
Telephone Number:	
Email:	
Name:	
Address:	
Telephone Number:	
Email:	
Name:	
Address:	
Telephone Number:	
Email:	

B2BPORTAL REGISTRATION

Would You Like To Be Automatically Registered To Use B2BPortal?	[ ] Yes [ ] No

- Standard Terms are **28 days** from date of invoice. *(Subject to Credit Limit approval through an approved partner.*

- Upon completion of this form, you are agreeing to allow us to share your details with our supply partner network.

- All goods supplied remain the property of our commercial partner until payment has been received in full.

COMPLETED BY

Name: (must be a Director if completing on behalf of a Limited Company)	
Authorised Signatory:	