



Mark Two Distributors Ltd
Bury Road Industrial Estate
Bury Road
BRIGHTMET
Bolton
BL2 6AZ

TEL: 01204 360 589
FAX: 01204 385 798

APPLICATION FOR ACCOUNT FACILITY

SECTION A TO BE COMPLETED BY ALL APPLICANTS

Full Trading Title _____
Trading Address _____

Post Code _____
Opening Hours _____
Invoice Address (If different to above) _____

Post Code _____
Telephone Number _____ Fax Number _____
How Long Established _____ Number of Employees _____
Amount of Credit Requested per Month £ _____
Bankers Name and Address _____

Bank Account Number _____ Sort Code _____

SECTION B TO BE COMPLETED BY LIMITED COMPANIES ONLY

Company Name _____
Registered Office Address _____

Company Registration Number _____ Date Incorporated _____
Issued and Paid-up Capital _____
Ultimate Holding Company (If Any) _____

SECTION C TO BE COMPLETED BY SOLE TRADERS/PARTNERSHIPS

Full names and home address(es) of Proprietor/Partners
1. Name _____
Address _____

Telephone _____
2. Name _____
Address _____

Telephone _____
3. Name _____
Address _____

Telephone _____
Has any principle member of the company ever been involved in a failed company? Yes/No
If yes, give details _____

SECTION D TO BE COMPLETED BY ALL APPLICANTS

Please supply the names and addresses of three trade references to whom an approach may be made:

1. Name _____
Address _____ Telephone _____

2. Name _____
Address _____ Telephone _____

3. Name _____
Address _____ Telephone _____

I have read the attached terms and conditions of Mark Two Distributors Ltd and I accept these in full. I fully agree to abide by these terms and conditions and I confirm that the information given on this form is true and correct to the best of my knowledge and that should any information contained therein change, you will be notified within reasonable time. I/We give our permission for you to apply to our bank for a status enquiry report at such time as is necessary.

Signature _____ Date _____

Print Name _____

The person signing this form must be a principle of the company. For partnerships, both partners must sign this form.

NB: A letterhead or business card must be enclosed.

For Internal Use

Credit Limit	Date	Comments
_____	_____	_____

ASM Comments

Signature _____ Date _____

Sales Director Comments

Signature _____ Date _____