



RESELLER ACCOUNT FORM

To facilitate the opening of your account, we would be grateful if you would complete all sections of this form and fax back on +44 (0)1494 400 113 to open your account.

Company Name	
Proprietors Name	
Contact Name	
Invoice Address	
	Postcode
Delivery Address	
	Postcode
Tel Number	
Fax Number	
Email address	
VAT Number	
Company Registration No.	

Credit/Charge Card Details	
Card type	<input type="checkbox"/> Visa/MC <input type="checkbox"/> Amex <input type="checkbox"/> Maestro <input type="checkbox"/> Electron <input type="checkbox"/> Diners <input type="checkbox"/> Other: _____
Card Number	□□□□ □□□□ □□□□ □□□□ □□□□ Exp □□/□□□□
Security code	□□□□
Cardholder's Name	
Billing Address	
	Postcode

Trade References

1) Trade Address	
	Postcode
Contact Name & Number	
2) Trade Address	
	Postcode
Contact Name & Number	

Signed _____

Print Name _____

Date _____

Position _____