



TEL 0161 8319898 FAX 0161 8319900

Account Number:-

MR MOBILE TRADE ACCOUNT APPLICATION FORM

Form Must be Completed in BLOCK CAPITALS and accompanied by a RECENT UTILITY BILL, VAT REGISTRATION CERTIFICATE and CERTIFICATE of INCORPORATION (Limited Company's only)

COMPANY DETAILS

FULL COMPANY NAME:-		
TRADING NAME (If different from above):-		
VAT No.	Company Reg:-	
INVOICE ADDRESS:-		
POST CODE:-	Telephone No:-	Fax No:-
Purchasing Contact:-		Accounts Contact:-
EMAIL ADDRESS:-		

TYPE OF BUSINESS

Company Incorporated as:-	PLC	LTD	Partnership	Sole Trader
Type of Outlets:-	Business Dealer	Retailer	E- Commerce	Other

DIRECTORS DETAILS

1st DIRECTORS NAME:-	
Home Address:-	
Post Code.	Telephone No:-
2nd DIRECTORS NAME:-	
Home Address:-	
Post Code.	Telephone No:-

BANK DETAILS

BANK NAME:-
Address:-

Post Code.

Telephone No.

Account No:-

Sort Code:-

TRADE REFERENCES

Company NAME:-

Home Address:-

Post Code.

Telephone No:-

Company NAME:-

Home Address:-

Post Code.

Telephone No:-

CONNECTIONS WITH OTHER COMPANIES

State any associated Companies:-

Have the Directors/Proprietors had any previous dealings with Mr Mobile? (Give Details)

DECLARATION

I/We hereby apply to open a trade account with Mr Mobile and declare that the information given is complete and accurate. The terms and conditions of Sale, as attached have been read and I/we understand that these may be amended from time to time. All relevant enclosures are included with this form. I/we understand that title of goods does not pass until any outstanding monies have been paid in full.

SIGNED	NAME	DATE
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SIGNED	NAME	DATE
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