

FOREST UK ACCOUNT APPLICATION FORM

Full trading title: _____
Full Address: _____
Post Code: _____
Telephone Number: _____ Fax Number: _____
Mobile Number: _____ Email Address: _____
Amount of Credit Required per Month (£): _____ Invoice preference: by email
Length of Time Trading As This Company: _____ by postal mail
Accounts Contact: _____ Sales Contact: _____
Nature of Business: _____ Vat Registration No: _____
*our normal terms of trading are 30 days from date of invoice

IF LIMITED COMPANY

Registered Office: _____
Company Reg#: _____
Name of Directors: _____

IF PARTNERSHIP IS SOLE TRADER

1st Partner: _____
Home Address: _____
Telephone Number: _____ Date of Birth: _____
2nd Partner: _____
Home Address: _____
Telephone Number: _____ Date of Birth: _____

TRADE REFERENCES

1 Name & Address: _____
Telephone Number: _____ Fax Number: _____
Account Number: _____
2 Name & Address: _____
Telephone Number: _____ Fax Number: _____
Account Number: _____

Bank Name & Address _____
Sort Code: _____ Account Number: _____
Signature: _____
Name: _____ Date: _____

By signing this document you are agreeing to the Terms and Conditions **PLEASE SEND THIS FORM TO INFO@FORESTGROUP.CO.UK**

DATA PROTECTION ACT 1998

WE MAY MAKE A SEARCH WITH A CREDIT REFERENCE AGENCY, WHICH WILL KEEP A RECORD OF THAT SEARCH AND WILL SHARE THAT INFORMATION WITH OTHER BUSINESSES.
WE MAY ALSO MAKE ENQUIRIES ABOUT THE PRINCIPAL DIRECTORS AND PROPRIETORS WITH A CREDIT REFERENCE AGENCY.

BY PROVIDING YOUR DETAILS AND SIGNING THIS FORM YOU AGREE THAT FOREST GROUP MAY CONTACT YOU BY EMAIL, PHONE OR POST IN RELATION TO YOUR ENQUIRY.
YOU CONFIRM YOU HAVE READ AND ACCEPTED OUR PRIVACY POLICY .

PLEASE NOTE THAT FAILURE TO COMPLETE ANY PART OF THE ABOVE FORM MAY DELAY YOUR CREDIT ACCOUNT ACCEPTANCE.