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Triple K Trade Supplies Ltd
Unit 1, Oldmixon Crescent
Weston-Super-Mare
BS24 9AX

NEW CUSTOMER ACCOUNT REQUEST FORM

Please return the form completed and signed to the above address, fax or email to: admin@triple-k.co.uk

COMPANY NAME:

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A) CONTACT DETAILS:

Head Office:		Registered Office (if different):	
Building		Building	
Street		Street	
Town		Town	
County		County	
Postcode		Postcode	
Main Tel:		VAT No:	
Main Fax:		Company Reg No:	
Website:			
Email:			

B) ACCOUNTS OFFICE DETAILS:

Accounts Office / Invoice Address (if different)			
Building Name/Number		Accounts Contact:	
Street		Direct Tel:	
Town		Direct Fax:	
County		Email:	
Postcode		Mobile:	

C) BUYER CONTACT DETAILS:

Buyer Name		Direct Fax:	
Direct Tel:		Email:	
Mobile:		Assistant:	

D) SOLE TRADER/PARTNERSHIP DETAILS IF APPLICABLE:

Sole Traders full name:		Partner 1 name:	
Sole Traders full Address		Partner 2 name:	

E) TRADING REFERENCES:

COMPANY 1:		COMPANY 2:	
Contact Name:		Contact Name:	
Telephone		Telephone	
Address:		Address:	

F) SIGNATURE

Signature:
Name:
Position: