

FASTFIT SERVICES

TRADE APPLICATION FORM.

Company Name:

Address: _____

Telephone No: _____

E-Mail: _____

Fax No: _____

Date Business Established: _____

Registered Number: _____

Registered Office:

Weekly/Monthly limit required _____

LTD Company/ Partnership/ Sole Trader:

Bankers: _____

Account Number: _____

Sort Code: _____

Address: _____

Two Current Trading References:

1:

2:

Tel:

Fax:

Tel:

Fax:

I/We Believe the information given to be full and CORRECT.

Signed: _____

Print Name: _____

Position: _____

Date: _____

Please also fax a copy of a current UTILITY Bill.

PLEASE SEND THE COMPLETED FORM BACK TO

FASTFIT SERVICES
SHELTON NEW ROAD
SHELTON