

SHOOTING PARTNERS FACILITIES ACCOUNT APPLICATION FORM

1. Limited Company Name	
2. Sole Trader	
3. Trading Name of Business 4.VAT Number.....	
5. Company Registration	6. Date of Incorporation
7. Trading Address	
8. Registered Address	
Postcode	
Telephone No	
Fax No	
9. How Long at above address	How long has business been trading
10. Nature of Business	
11. Postal address for invoicing	
Postcode Tel No Fax	
12. Name of person responsible for payment of account on time	
13. Name and Address of Bankers	
Account No Sort Code	
Name of Account	
14.Credit Limit Requested	
15 Business References (minimum of two)	
1.	2.
Tel No	Tel No
Fax No	Fax No
15. Acknowledgement of standard conditions	
I / We hereby acknowledge receipt and accept your Standard Conditions of trading for both sales & Hire and confirm that these shall apply to all dealings between our companies.	
Signed Date	
Name Position	
Please return this completed and signed form together with <u>a sheet of your headed paper</u> to:	
<p>Shooting Partners Facilities Limited Unit J2 Brooklands Close Windmill Road Sunbury-on-Thames Middlesex TW16 7DX Tel: 020 8941 1000 Fax: 01932 7615912</p>	