NEW SUPPLIER APPLICATION FORM



YOUR DETAILS	
TITLE:Mr/Ms/Mrs/Miss	TEL:
FIRST NAME:	EMAIL:
SURNAME:	POSITION:
COMPANY DETAILS	REGISTERED ADDRESS (if different)
COMPANY NAME:	COMPANY NAME:
COMPANY ADDRESS:	COMPANY ADDRESS:
POST CODE:	POST CODE:
TEL:	TEL:
FAX:	FAX:
YEARS TRADING:	
COMPANY REG:	
VAT NO:	
TRADING CURRENCY:	
DIRECTOR RETAILS	DIDECTOR DETAILS
DIRECTOR DETAILS	DIRECTOR DETAILS
DIRECTOR NAME:	DIRECTOR NAME:
HOME ADDRESS:	HOME ADDRESS:
POST CODE:	POST CODE:
TEL:	TEL:
BANK DETAILS	
BANK NAME:	BANK ADDRESS
BANK TEL:	
ACCOUNT NO:	
SORT CODE:	POST CODE
SWIFT CODE:	IBAN CODE:
	CURRENCY

TRADE REFERENCE 1	TRADE REFERENCE 2
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
	·
POST CODE.	POST CODE.
POST CODE: CREDIT LIMIT	POST CODE: CREDIT LIMIT
CONTACT NAME:	CONTACT NAME:
TEL:	TEL:
MONTHLY SPEND in GBP	
DECLARATION	
I hereby submit the above information for the purpose of opening a Supplier A	ccount with Compudal Ltd.
,	
PRINT NAME	FOR COMPUDAL USE ONLY:
SIGNED	ACCOUNT NUMBER
POSITION	SUPPLIER TYPE
DATE	PURCHASER
	VALIDATION CHECK
	CREDIT TERMS
	CREDIT LIMIT AGREED BY
	AGREED DT
CHECKLIST	DI FACE TICK
	PLEASE TICK
LETTER OF INTRODUCTION ON HEADED PAPER	
VAT CERTIFICATE	
COMPANY REGISTRATION FORM	
DETAILS OF DIRECTORS (PASSPORT PHOTOS)	
DETAILS OF DIRECTORS (PASSFORT FITO 103)	

Compudal Ltd, Unit 1 Premier Park, Acheson Way, Old Trafford, Manchester, M17 1GA.

Tel. +44 (0)161 873 4100 Fax. +44 (0)161 873 4101 Email. info@compudal.com Web. www.compudal.com

Vat Registration No. 868 8089 55 Company Registration No. 05467560