





1 Hexagon Business Centre Springfield Road



Hayes Middlesex UB4 0TH



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E: sales@stsdistribution.com

ACCOUNT APPLICATION FORM

General Details										
Company Name:				Trading Name:						
Trading Address:				Registered Office (if different to Trading Address):						
Type of Company	☐ Limited Company	□ PLC	☐ Sole T	l rader	☐ Partnership	☐ Other (please state):				
Nature of Business:					<u> </u>					
Telephone No:					Email:					
Company Reg. No:					VAT Reg. No:					
No of Years Trading:					No. of Employees:					
Non-Limited Co	ompanies									
Please complete for ALL proprietors or partners if not a Limited company. If you have been at your current address for less than 3 years, please provide details of your previous addresses. Continue on a separate sheet if necessary.										
Proprietor/Partner 1										
Full Name:				Date	of Birth:					
Current Address:										
Previous Address:										
Proprietor/Partner 2										
Full Name:				Date of Birth:						
Current Address:					<u>'</u>					
Previous Address:										
Contacts										
Main Contact			Accounts Contact							
Name:				Name	2:					
Position:				Positi	on:					
Telephone No:				Telep	hone No:					
Email:				Email	:					
Bank Details										
Bank Name:										
Address:										
Sort Code:				Accou	unt No:					



Reference 1			Reference 2						
Company Name:			Company Name:						
Address:			Address:						
Contact Name:			Contact Name:						
Telephone No:			Telephone No:						
Email:			Email:						
	<u> </u>		Liliali.						
Spend with ST									
Expected Monthly Sa	ales:	£	Max. Amount of Cred	dit	£				
			Required						
Customer Declaration									
I/we, the undersigned hereby apply for a credit account and confirm that I/we have read and accept STS Distribution Ltd ("STS")									
Terms and Conditions of Sale, and any amendments or revisions thereof from time to time in form. These may be found and are									
available on the STS website <u>www.stsdistribution.com</u>									
I/we permit STS to retain any personal information detailed within in accordance with The Data Protection Act.									
By submitting this application, I/we give STS consent to contact the trade references supplied as above and a credit search being									
made with credit reference agencies, who will keep a record of that search and may be disclosed to subsequent enquirers. I/we									
understand and accept that STS may also make enquiries and searches about the directors / proprietors / partners with credit									
reference agencies,	ooth now and at a	ny future date, and these	searches may be reco	rded by ther	n.				
I/we understand that failure to abide by these terms will result in the immediate withdrawal of credit facilities.									
This form must only be duly signed by a Director, Proprietor or Authorised Signatory of the company.									
Signature			Position:						
Name:			Date:						
Name.			Date.						
Internal Use O	nly								
Approved Credit Lim	it: £		Credit Terms:						
Processed By:			Date:						

Trade References