

# MIDHAVEN

Classic Quality, Contemporary Design

## Account Application Form

ACCOUNT NAME.....

INVOICE ADDRESS\_ .....

.....

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DELIVERY ADDRESS\_ .....

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TELEPHONE NO(S). ..... FAX NO\_.....

E-MAIL\_ .....

VAT reg. # .....

A) SOLE TRADER B) PARTNERSHIP C) LIMITED COMPANY (please delete as applicable)

IF SOLE TRADER OR PARTNERSHIP PLEASE GIVE NAME(S) OF OWNERS

.....

IF LIMITED COMPANY PLEASE GIVE EXACT NAME OF COMPANY .....

NAMES OF PROPRIETORS/DIRECTORS: .....

COMPANY REGISTRATION NO (if applicable) .....

ADDRESS OF REGISTERED OFFICE .....

.....

Trade Reference 1.....

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Trade Reference 2.....

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Please attach a business card or with compliments slip with your form when posting.