|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trade Application Form | | | | | | | | | |
| Business contact information | | | | | | | | | |
| Business Name: | | | | | | | | | |
| Main contact name: | | | | | | | | | |
| Business Phone: | | | E-mail: | | | |
| Address: | | | | | | | | | |
| City: | | | | | Region: | | | Postcode: | |
| Trading since (**year**) : | | | | | | | | | |
| Sole trader: 🞏 | | Partnership: 🞏 | | | Limited company: 🞏 | | | Other: 🞏 | |
| Accounts contact information | | | | | | | | | |
| Accounts address: | | | | | | | | | |
| City: | | | | Region: | | | | Postcode: | |
| Accounts Telephone: | | | Accounts E-mail: | | | | | |
| Business/trade references (please provide at least 2 references) | | | | | | | | | |
| **Company name:** | | | | | **Company name:** | | | | |
| Contact name: | | | | | Contact name: | | | | |
| Address: | | | | | Address: | | | | |
| City: | Postcode: | | | | City: | Postcode: | | | |
| Phone: | | | | | Phone: | | | | |
|  | | | | |
| E-mail: | | | | | E-mail: | | | | |
| **Please state preferred method of payment** | | | | |
| Payment pre delivery 🞏 | | | | | 🞏 | | | | |
|  | | | | |  | | | | |
| Agreement | | | | | | | | | |
| 1. All invoices are to be paid 14 days from the date of the invoice. 2. Any damages must be reported within 48 hours of receipt of invoice. 3. By submitting this application, you authorise Lazzarini Limited to make enquiries into the business/trade references that you have supplied. | | | | | | | | | |
| Signatures | | | | | | | | | |
| Title:  Date: | | | | | Title:  Date: | | | | |

