

BYRON & BYRON

CREATORS OF HAND-CRAFTED CURTAIN POLES
SINCE 1984

New Account Application Form

Thank you for your request to open an account

Please complete the enclosed form and either fax it back on :

+44(0)2083447980

Or post to:

**Byron & Byron Ltd
Shaftesbury House
3 Shaftesbury Road
London, N18 1SW**

Many Thanks

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PLEASE USE BLOCK CAPITALS

Name of Business : _____ (Trading Style in full. Please include Website address if applicable)

Vat number: _____

1) Are you a limited company? _____ Reg. No. _____ Company Name: _____

Reg. Office Address

2) Sole Trader? _____ Name : _____ Date of Birth: _____

Trading Address _____ Telephone: _____ Fax : _____

Mobile: _____ Email: _____

Home Address _____ Telephone: _____ Fax : _____

Mobile: _____ Email: _____

3) Partnership? _____

Name of Partner _____ Date of Birth: (must be stated) _____

Name of Partner _____ Date of Birth: (must be stated) _____

Name of Partner _____ Date of Birth: (must be stated) _____

Trading Address _____ Telephone: _____ Fax : _____

Mobile: _____ Email: _____

Delivery Address _____ Telephone: _____ Fax : _____

Mobile: _____ Email: _____

(must be stated)

Invoice / Statement and all correspondence Address _____ Telephone: _____ Fax : _____

Mobile: _____ Email: _____

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Senior Buyer

Mr.	Mrs.	Ms.
-----	------	-----

 First Name _____ Surname _____

Accounts

Mr.	Mrs.	Ms.
-----	------	-----

 First Name _____ Surname _____

How many branches do you have? _____ How many employees do you have? _____

Which day do you close early? _____ Which days do you close fully? _____

Trade Reference 1) _____ Telephone _____ Fax: _____

_____ Email _____

Trade Reference 2) _____ Telephone _____ Fax: _____

_____ Email _____

Bank Details
Name: _____ Address : _____

Credit check

We will make a credit check with a credit reference agency, which we will keep a record of and we may share the information with other businesses. We may also make enquiries about the principle directors with a credit reference agency.

This form must be signed by an authorised member of your business/company.

Signed _____ Date: _____ Status: _____

2nd Partner
(If applicable) _____ Date: _____ Status: _____

Please return this form to the address or fax number shown on the cover.
Any queries please telephone +44 (0) 208 344 7979

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GETTING TO KNOW YOU BETTER

Please try to complete as many of the following questions as possible. Thank You.

1. Which of the following best describes your business (tick one only)

Soft Furnishing Retailer
Hardware / DIY retailer

Curtain maker/workroom
Contractor/Builder

Interior Designer
Homeworker

2. Type Shop/Store Home Workroom
Location High Street Retail Park Residential
Suburban Shopping area Other (Please specify) _____

3. In order that we improve our terms & services to you, we are interested to know which SUPPLIERS you currently buy from.
