



Company Name

Office Address

Registered Address (If Different)

Postal Code

Postal Code

Office Tel

Main Trading Activity

Office Fax

Office E-mail

Company Reg No.

Bank Name

Date Company Registered / /

Account Name

Date Trading Commenced / /

Account No

VAT No

Sort Code

Country of Registration

Company Website

Type of Business

Limited Company Sole Trader Partnership

Type of Company

Distributor Wholesaler Retailer

Other

Amount of Credit Required

(In Pounds Sterling)

Name & Home Addresses Of Directors/Partners

1

2

Contacts

1 MD/Senior Executive

Direct Line

Mobile No

2 Other Business Contact

Direct Line

Mobile No



Please supply two trade references

1 Name

Company

Phone

Trading Activity

Length of business relationship
 Yrs

2 Name

Company

Phone

Trading Activity

Length of business relationship
 Yrs

How did you hear about Kyman Ledtex Limited?

Please name the Kyman Ledtex employee that contacted you?

Declaration

I/we hereby declare that the information given on this form is complete, accurate and true.

Signature of a Director

Print Name

Date / /

PLEASE COMPLETE & FAX BACK TO +44 (0) 8715 227 819

Together with

- A** Copy of your Certificate of Incorporation
- B** Copy of your valid VAT Certificate
- C** Copy of Company Letterhead.
- D** Copy of business insurance