

## **TRADE APPLICATION FORM**

## PLEASE COMPLETE IN BLOCK CAPITALS

Name of Company/Firm/Partnership		
Trading Address		
	Postcode	
Email	. Phone	
Delivery address (if different from tra	ading address)	
	Postcode	
Email	. Phone	
If you are a limited company, p	lease complete the following:	
Registered company number		
*If you require a credit limit of more if your share capital is less than £1	e than £3,000 you will be required to sign a director's guarantee 10,000.	÷
	any, please complete the following:	
·	proprietors/partners (continue on a separate sheet if necessary)	
If you are a registered charity pleas	se state registered charity number	
Please give names, addresses and	d telephone numbers of <b>TWO</b> companies who we may contact	
for trade references:	a tolophone hambold of 1110 companies who we may contact	
1		
2		
		••
By ticking this box you agree to the	e terms and conditions of My Gifts Trade. They can be read in	
full by visiting: www.mygiftstrade.c	o.uk/information.php	
Signed	Date	
Print name		