MURDOCH DISTRIBUTION

www.murdoch-distribution.com

CUSTOMER APPLICATION FORM

COMPANY INFORMATION		
Name:		
Company Reg No:	Vat No:	EORI No:
Registered Address:		
City:	County:	Post Code:
Year Established:	Trading Name:	Website:
Legal Status		
☐ Sole Trader	☐ Partnership	☐ Limited Liability
Phone:	Fax:	E-mail:

PAPERWORK INFORMATION		
Invoice Address		
Address:		
City:	County:	Post Code:
Delivery Address		
Address:		
City:	County:	County:

DIRECTOR(S) INFORMATION		
(1) First Name:	Surname:	Date of Birth:
Address:		
City:	County:	Post Code:
Office Phone:	Mobile:	E-mail:
(2) First Name:	Surname:	Post Code:
Address:		
City:	County:	Post Code:
Office Phone:	Mobile:	E-mail:

BANK INFORMATION		
Bank Name:		
Address:		
City:	County:	Post Code:
Branch:	Sort Code:	Account Number:
International Currency:	SWIFT / BIC:	IBAN:

BUSINESS TYPE				
☐ Distributor	☐ Retailer	☐ Online Retailer	☐ Broker	☐ Wholesaler

I confirm that I have completed this form accurately & that I am authorized to sign on behalf of the company.

Please attach the following with this form via email

Signed Application Form	Signed Letter of introduction	VAT Certificate	Certificate of Incorporation	Director(s) Driving License/Passport

Signature of applicant	Print Name	Date