GROUP



Company Name	
LIMITED COMPANY ONLY	ALL OTHER BUSINESSES TYPES
Company Number	Trading Address
Registered Office	
Post Code	Post Code
Trading Address (if different)	Name and home address 1.
	and Telephone No of all
	partners/owners
Post Code	
	2.
Holding Company (if applicable)	
Disa stara Maraa	
Directors Names	
	3
Value of Initial Order	VAT Number
Credit Limit Requested	
Contact Details	
Sales Contact	Accounts Contact
Sales Telephone Number	Accounts Telephone Number
Sales Fax Number	Accounts Fax Number
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e-mail address	e-mail address
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WHEN COMLETED PLEASE FAX BACK ON 01709 378 182 or EMAIL TO sales@gapi.co.uk Please note this form MUST be signed