



Company Name \_\_\_\_\_

**LIMITED COMPANY ONLY**

Company Number \_\_\_\_\_

Registered Office \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Trading Address (if different) \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Holding Company (if applicable) \_\_\_\_\_

Directors Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL OTHER BUSINESSES TYPES**

Trading Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Name and home address 1. \_\_\_\_\_

and Telephone No of all \_\_\_\_\_

partners/owners \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Value of Initial Order \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

VAT Number \_\_\_\_\_

**Contact Details**

Sales Contact \_\_\_\_\_ Accounts Contact \_\_\_\_\_

Sales Telephone Number \_\_\_\_\_ Accounts Telephone Number \_\_\_\_\_

Sales Fax Number \_\_\_\_\_ Accounts Fax Number \_\_\_\_\_

e-mail address \_\_\_\_\_ e-mail address \_\_\_\_\_

All invoices will be sent via email so please provide the relevant address

On occasions we would like to send you emails that we feel would be of benefit to your business. If you are happy to receive these then please tick the box. (We will not disclose your details to any third party)

Trade Reference1	Trade Reference2
Name _____	Name _____
Address _____	Address _____
_____	_____
Telephone Number _____	Telephone Number _____
Fax Number _____	Fax Number _____
Contact _____	Contact _____

Bank Details	Sort Code
Bank Name _____	_____
Address _____	Account Number _____
_____	_____

**Authorisation**  
(In signing this form we agree to the terms and conditions of sale of Gapi Limited, and agree to net monthly payment terms unless specifically agreed to in writing by the Company).

Signed \_\_\_\_\_  
Form must be signed by a Director/Partner/or authorised officer

**Accounts Use only**

References Checked _____	Classification (T47) _____
Bank Reference Checked _____	Sector (T70) _____
Credit Limit Set _____	Delivery Terms (T52/T82) _____
Authorised _____	Area (T84) _____
Account Number _____	Payment Terms (T71) _____
Date Opened _____	_____

**WHEN COMPLETED PLEASE FAX BACK ON 01709 378 182 or EMAIL TO sales@gapi.co.uk**  
Please note this form MUST be signed