

**TRADE PARTNER DETAILS**

Company Name		Trading Name (if different than company name)	
Company Address		<input type="checkbox"/> Tick One, if appropriate <input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader or Partnership	Max Credit Limit: terms net 30 days
		<b>If Sole Trader or Partnership:</b> provide name & address of all owner(s)	
Company Registration Number	VAT Registration Number		
Company Contact Name	Job Title	Company Landline Number (mandatory)	Company Mobile Number
Company Type (please specify <b>one</b> )		Email Address	
<input type="checkbox"/> Distributor Specifier <input type="checkbox"/> Manufacturer <input type="checkbox"/> Fitter/Installer <input type="checkbox"/> Franchise <input type="checkbox"/> Studio			
Business Sector		Company Website Address (URL)	
<input type="checkbox"/> Kitchen <input type="checkbox"/> Bedroom <input type="checkbox"/> Bathroom <input type="checkbox"/> Home Office <input type="checkbox"/> Other			

**ACCOUNTS DEPARTMENT DETAILS**

Contact Name	Landline Number	Mobile Number	Email Address

**DELIVERY DETAILS** (if different from address above, if none provided, the above address will be used for deliveries)

Contact Name	Landline Number	Mobile Number	Email Address
Delivery Address	County	Postcode	

Company Business Hours for Delivery (including any closure times)

Delivery Notes: list any limitations or special requirements for delivery to this address

**CONTACT RESPONSIBLE FOR ONLINE ORDERING** specify the person who will place orders on MyECF. Login details will be emailed to them.

Contact Name	Job Title	Department
Landline Number	Mobile Number	Email Address

**ADDITIONAL COMPANY CONTACTS** If applicable, please list others authorised to make purchases using your trade account

**CONTACT**

Contact Name		Job Title	Department
Landline Number	Mobile Number	Email Address	

**CONTACT**

Contact Name		Job Title	Department
Landline Number	Mobile Number	Email Address	

**CONTACT**

Contact Name		Job Title	Department
Landline Number	Mobile Number	Email Address	

**CONTACT**

Contact Name		Job Title	Department
Landline Number	Mobile Number	Email Address	

**SUPPORTING DOCUMENTATION**

Before an account can be opened we require documentation confirming your company name and address, please tick the document you are supplying below:

- Company Letterhead   
  Invoice   
  Utility Bill   
  With Compliments Slip   
  ADDITIONAL DETAILS MAY BE REQUIRED

**SIGNATURE**

I/WE THE UNDERSIGNED apply to East Coast Fittings Limited (ECF) for credit facilities and declare that the information given above is accurate. Under the Data Protection Act you have the right to apply for a copy of the information we hold on you (for which we may charge a small fee) and to correct any inaccuracies. If you open an account we may search the files of credit reference agencies who will record the search.

**Would you like to receive our promotional communications and stay informed of our latest products and offers?**    Yes    No  
 WE NEVER SHARE YOUR DATA WITH OTHER COMPANIES AND YOU MAY OPT-OUT AT ANY TIME.

Trade Partner Signature	Trade Partner Printed Name	Date
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Once completed and signed, return both pages of this form along with your mandatory supporting document to: [hello@ecf.co](mailto:hello@ecf.co)