

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
		If Sole Trader or Partnership: 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 one)		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

MYECF CONTACT please specify the person responsible for MyECF orders. 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