



CREDIT ACCOUNT APPLICATION FORM

Applicant Details

PLEASE FULLY COMPLETE APPLICATION FORM IN BLOCK CAPITALS IN BLACK INK AND FAX TO 0870 063 3060

Company/Club/Full Name

Trading Name (if different to above)

Address

.....

Post Code

Time at Current Address If less than 3 yrs; previous address

.....

Telephone Fax

Mobile Email

Company Type: LTD / Partnership* / Sole Trader* / Other (please state)

*(Partnership/Sole Trader please confirm full name) Date of Birth

Clubs & Instructors please provide evidence of hall receipts, official association letter or website information / link.

About this Agreement

By signing this application, you confirm that:

- the details you have given are true and complete
- you have read and agreed to the Terms and Conditions of Sale of World of Martial Arts

Home Address

.....

Applicant's Signature

Name
(in BLOCK LETTERS)

Date



CREDIT ACCOUNT APPLICATION FORM

PLEASE FULLY COMPLETE APPLICATION FORM IN BLOCK CAPITALS IN BLACK INK AND FAX TO 0870 063 3060

Proprietor, Directors, Partners (full name and home address)

1.
..... Telephone

2.
..... Telephone

3.
..... Telephone

Company Registration Number Date Established

Country of Registration Nature of Business

Parent / Holding Company Name & Registration
No

Trade References (Please provide details of 2 Suppliers)

1.
..... Telephone

2.
..... Telephone

Bank Account Details

Name

Address

Account Name

Account No Sort Code

I hereby consent to the above providing references on me / us to World of Martial Arts.
I certify that all the information detailed above is true of my / our knowledge.
I fully understand and accept the Terms & Conditions contained within the World of Martial Arts website.

Applicant's Signature Name
(in BLOCK LETTERS)

Date

OFFICE USE ONLY

Account Number:
Approved: Y / N

Signed: