

ACCOUNT APPLICATION FORM

BUSINESS DETAILS	TRADING NAME	_____
	TRADING ADDRESS	_____
	POSTCODE	_____
	REGISTERED ADDRESS	_____
	POSTCODE	_____
	COMPANY REG No.	_____
	VAT No.	_____
	TELEPHONE No.	_____
	FAX No.	_____
	CONTACT NAME	_____
	MOBILE No.	_____
	CONTACT EMAIL	_____
	EMAIL (Logistic Dept.)	_____
	WEBSITE	_____
	EMPLOYEES No.	_____
DATE ESTABLISHED	_____	
LEGAL STATUS	<input type="checkbox"/> STATUTORY BODY <input type="checkbox"/> PUBLIC LIMITED COMPANY <input type="checkbox"/> PRIVATE LIMITED COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> SOLE TRADER	

ACCOUNTS DEPARTMENT CONTACT DETAILS	CONTACT NAME	_____
	TELEPHONE No.	_____
	FAX No.	_____
	MOBILE No.	_____
	EMAIL	_____

TRADE REFERENCE 1	COMPANY NAME	_____
	ADDRESS	_____
	POSTCODE	_____
	CONTACT NAME & No.	_____

TRADE REFERENCE 2	NAME	_____
	ADDRESS	_____
	POSTCODE	_____
	CONTACT NAME & No.	_____

NAME	_____
POSITION	_____

DATE	_____
SIGNATURE	_____

Please send back completed form + VAT Certificate + Company Registration Documents.
 By fax to **+39 0341 20 9377** or by email to **info@bluecellitaly.com**