

Account Application Form

Please complete the details below, if you require any assistance or clarification please contact AMP on 01707 378 670

| | | | |
|--|--|-----------------|--|
| Applicant Company Name: | | | |
| Trading Name (if different): | | | |
| Full / Invoice Address: | | | |
| | | | |
| Landline Number: | | Fax Number: | |
| Mobile Number: | | Website URL: | |
| VAT Number: | | Co. Reg Number: | |
| Primary Sales Contact: | | E-mail: | |
| Secondary Sales Contact: | | E-mail: | |
| Accounts Contact: | | E-mail*: | |
| Technical Contact: | | E-mail: | |
| Registered address (if different from above): | | | |
| | | | |
| *Invoices and statements will be e-mailed to your company. Please ensure that you have completed this section. | | | |
| REFCOM / Bureau Veritas / Quidos Registration Number: | | | |

Company Data:

| | | | | |
|---|------------------------------|---|----------------------------------|--------------------------------------|
| Company Type: | PLC <input type="checkbox"/> | Sole Trader <input type="checkbox"/> | Private <input type="checkbox"/> | Partnership <input type="checkbox"/> |
| Names of all Directors, Partners or Proprietors: | | | | |
| If Partnership or Sole Trader please give home address details below: | | | | |
| Full Name: | | Full Name: | | |
| Address: | | Address: | | |
| Time at this address: | | Time at this address: | | |
| If less than 3 years please provide previous address: | | If less than 3 years please provide previous address: | | |
| Date of Birth: | | Date of Birth: | | |

References:

| | | | |
|--------------------|--|---------|--|
| Trade Reference 1: | | | |
| Telephone Number: | | E-mail: | |
| Trade Reference 2: | | | |
| Telephone Number: | | E-mail: | |

Financials:

| | | | |
|---|---------------------------------|-------------------------------------|-----------------------------------|
| Number or Years Trading: | | Registered Share Capital: | |
| Last 3 Years Turnover: | | Issue Share Capital: | |
| | | Credit Limit Required: | |
| | | Bank Name: | |
| Current Years Turnover: | | Sort Code: | |
| Financial Year End Date: | | Account Number: | |
| Bank Address: | | | |
| | | | |
| Type of Business Premises: | Rented <input type="checkbox"/> | Leased <input type="checkbox"/> | Freehold <input type="checkbox"/> |
| PLEASE ATTACH LATEST AUDITED ACCOUNTS WHICH WILL BE TREATED WITH CONFIDENCE | | Sheet of Headed Paper Attached? | <input type="checkbox"/> |
| | | Copy of F-Gas certificate Attached? | <input type="checkbox"/> |
| | | Copy of Bank Statement/Utility Bill | <input type="checkbox"/> |

Data Protection & Personal Data:

I certify that the information given is to the best of my knowledge, accurate and correct and acknowledge that any trading with AMP Air Conditioning Limited will be in accordance with AMP Air Conditioning Limited 'Terms and Conditions of Sale' as enclosed with this application form and that I have read the same.

In processing this application we consent that you make enquiries of credit reference agencies or other sources, who may keep a record of your enquiry, and that you may use any information obtained (including personal data) for the purpose of risk assessment, fraud prevention and if necessary debt tracing.

NOTE: This form must be signed by a director or authorised officer if a limited company or all partners in a partnership or proprietor if sole trader.

| | | | |
|------------|--|------------|--|
| Signature: | | Signature: | |
| Name: | | Name: | |
| Position: | | Position: | |
| Date: | | Date: | |