## Your Company Details

Company/Customer Name:
Trading Name (If different):
Type of Company:
O Sole Trader
O LLP
O Ltd
O Partnership
O Private Individual

Registered Number:
Nature of Business:
If Sole Trader or Partnership, how long established:

## Your Buying Office

Main Contacts
Name:
Tel:
Mobile:
Email:

Name:
Tel:
Mobile:
Email:

| Will official orders be Mandatory? | Yes | No |
| :--- | :--- | :--- |
| Has the Business, or any of its Officers, had a CCJ or been | Yes | No |
| involved in insolvency action? |  |  |

## Your Invoice/Accounts Office

Address:
Postcode:
Main Contact:
Email:
Tel:
Your Bank Details
Account Name:

Account No:

FORT
Builders' Merchant

## Cash Account Application Form

## Please Read

1. I have read and understood the terms \& conditions of sale (available on our website at www.fort-m.com) and agree to abide by them.
2. I acknowledge that as a cash account goods won't be despatched until payment has been received by FORT and that all goods remain the property of FORT until payment is received.
3. I am signing as an Officer of the Company, or as an employee registered to do so and will advise any company officers as needed.
4. From time to time we would like to send you updates, offers and other marketing information. Please tick if you do NOT wish to receive information via email.

O Please do NOT send me marketing emails.

## Please Sign

There may be occasion when pre-payment of special or bespoke items in the form of a deposit is required. I hereby confirm that I/we (the Officers of the organisation applying) unconditionally, jointly or severally, personally guarantee payment of all monies due and owing to FORT Merchanting Ltd, including any costs of enforcing this guarantee.

Signed:

Printed:
Position:

## Our Details - Please Note

FORT Merchanting Ltd, The Longhouse, Lambourn Woodlands, Membury, West Berkshire, RG17 7TJ
Company Number: 10623748
Tel: 01488505800
Email: accounts@fort-m.com

## Internal Use Only

Credit Limit:
Funded:
Non-Funded:

Terms:
Signed:

Salesperson:

