



APPLICATION FOR TRADING ACCOUNT WITH FSM

For FSM Use

FSM Account manager Account reference Customer number

PART ONE—GENERAL INFORMATION

BUSINESS DETAILS

Business name

Trading name & address

 Post code

Delivery Address
 Post code

Phone number Fax number

Email address VAT number

Buyer's name Accounts contact

Opening hours Days closed

PART TWO—COMPLETE ONE BOX ONLY

Complete this box if a LIMITED COMPANY

Directors' names

Registered office address

Company registered number Year of incorporation

Complete this box if a PARTNERSHIP OR SOLE TRADER

Full name [NOT INITIALS] of proprietor or partner

Private address
 Phone number

Previous address if less than 3 years

Number of other partners *Please repeat above information for other partners on a separate page*

Date business established

PART THREE – PAYMENT

PAYMENT METHOD

How will you pay for your orders? Cheque? Card? Bank transfer?... ..

NOTE: If paying by cheque allow extra time for delivery; orders will be despatched once cheques have cleared
If paying by card, you have the option of providing card details in advance

Card type Card number

Check digit or issue number Valid from date Expiry date

Cardholder's name as it appears on the card

Statement address

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I authorise use of my card when I place an order with FSM for payment of goods ordered from FSM

Cardholder signature _____

Print name

Name of business Date

PART FOUR—DECLARATION

DECLARATION

I / We hereby request that FSM Ltd open a trading account for my / our business

Your attention is drawn to the FSM Terms & Conditions printed on the reverse of invoices and available on request. Additionally, your attention is drawn to the FSM Product Returns Procedure. A copy of both the Terms & Conditions and Product Returns Procedure will be left with you when you have signed below; further copies are available at www.fryersales.com or from FSM on request

Please sign to confirm that you have read and agree to the Terms & Conditions and Product Returns Procedure

Customer Signature _____

For FSM Use

Status report requested _____ Date returned _____

Account opened _____ Credit limit _____

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