

## ACCOUNT APPLICATION

|  |                   |
|--|-------------------|
| <b>Company Name</b>  |                   |
| Trading Name:  |                   |
| Legal Name (if different from above):  |                   |
| <b>Legal/Ownership</b>   |                   |
| <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Limited Company <input type="checkbox"/> PLC   Company Number: |                   |
| Owner/Director 1:  | Owner/Director 3: |
| Owner/Director 2:  | Owner/Director 4: |
| <b>Company Details</b>   |                   |
| Address Line 1:  |                   |
| Address Line 2:  |                   |
| Address Line 3:  |                   |
| Post Town:   | Post Code:        |
| Telephone:   | Fax:              |
| Email:   | Web:              |
| Hours of Business:   |                   |
| <b>Please detail any delivery or branch addresses on a separate sheet</b>  |                   |
| <b>Financial Controller</b>  |                   |
| Name:  | Telephone:        |
| Email:   | Fax:              |
| Address (if different from above)  |                   |
| <b>Trade References</b>  |                   |
| Reference 1:   | Reference 2:      |
| <b>Authorised Signatory</b>  |                   |
| <b>I confirm that I have read and understood the Terms of Trade applicable to this account</b>   |                   |
| Signature  | Name (Caps):      |
| Position:  | Date:             |

**Please Turn Over.../**

# ADDITIONAL INFORMATION

|  |   |
|--|---|
| <b>Please indicate which products you sell;</b>  |   |
| <input type="checkbox"/> Electric and/or Acoustic Guitars<br><input type="checkbox"/> Drumset<br><input type="checkbox"/> Bowed Instruments                  | <input type="checkbox"/> Brass & Woodwind<br><input type="checkbox"/> Keyboards<br><input type="checkbox"/> Pro Audio |
| <b>Please indicate if you specialise in any of the following (please detail any specialist managers below);</b>  |   |
| <input type="checkbox"/> Classical Guitars<br><input type="checkbox"/> Bass Guitars<br><input type="checkbox"/> Bluegrass Instruments                        | <input type="checkbox"/> Orchestral/Timpani Drumheads<br><input type="checkbox"/> Marching Drumheads                  |
| <b>Please indicate if you do, or have, any of the following;</b>   |   |
| <input type="checkbox"/> Repairs/Set-ups <input type="checkbox"/> Teaching <input type="checkbox"/> Demo Rooms <input type="checkbox"/> Clinics/Shows/Events |   |
| <b>Managers/Buyers. Please detail all managers/buyers and their departments/products</b>   |   |
| <b>Manager/Buyer 1</b>   |   |
| Name:  | Department/Product:   |
| Email:   | Direct Phone:   |
| <b>Manager/Buyer 2:</b>  |   |
| Name:  | Department/Product:   |
| Email:   | Direct Phone:   |
| <b>Manager/Buyer 3</b>   |   |
| Name:  | Department/Product:   |
| Email:   | Direct Phone:   |
| <b>Manager/Buyer 4</b>   |   |
| Name:  | Department/Product:   |
| Email:   | Direct Phone:   |
| <b>Web Site</b>  |   |
| Do you sell from your web site?:<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Name of person responsible for web site:  |
| Email:   | Direct Phone:   |
| <b>Please identify any other key personnel:</b>  |   |
| <b>Key Person 1</b>  |   |
| Name:  | Department/Product:   |
| Email:   | Direct Phone:   |
| <b>Key Person 2:</b>   |   |
| Name:  | Department/Product:   |
| Email:   | Direct Phone:   |