



**KNIGHT**  
DISTRIBUTION

## Trade Account Application Form

### Company Details :

Company Name

Trade Name If different

Address

Telephone No

Mobile No

Fax Number

Type of Business:

### Office Use Only

New Account No

Sales Area

### If LTD Co. Please Give Registered Office :

Reg No

Email

Directors(s)

### Director Residential Address:

Name

Date Of Birth

Address

**Previous Address if lived there less than 3 years**

Telephone

**Have you or any other Director/s of the above company ever declared bankruptcy?**

Yes      No

Trade Reference 1

Trade Reference 2

### Please Sign to indicate you have read and understood the enclosed/attached Terms of business

Signature

Print Name

Date

Office Use only:

Account Authorized

Yes

No

Terms Monthly

Card Only

Other

Credit

Submit