



<u>Business Name:</u>		Sole Trader	<input type="checkbox"/>
		Private Limited Company	<input type="checkbox"/>
<u>Nature of business: Customer/Supplier/Broker/Haulier etc:</u>		Public Ltd Company	<input type="checkbox"/>
		Other, please specify:	
<u>Date of Incorporation:</u>	<u>Company No:</u>	<u>VAT/Sales Tax No:</u>	<u>Other Licences BIFA, ISO9001 etc:</u>
<u>Registered Address:</u>			Main Contact and position, must be the authorized person filling out this form:
.....			
<u>Trading Address if different:</u>			Main Company Tel:
.....			Main Company E-mail:
<u>Name and address of Principal Director 1:</u>		<u>Name and address of Principal Director/Official 2:</u>	
.....	
<u>Trade Reference 1:</u>		<u>Trade Reference 2:</u>	
.....	
Name:	Signature	Date:	

Please fill out, scan and send to info@globallegacysolutions.com