



## ACCOUNTS APPLICATION FORM

1.	<b>Trading Name:</b>
	<b>Registered Name:</b> <i>(if Company or Limited Liability Partnership)</i>
	<b>Registered Number:</b> <i>(If Company or Limited Liability Partnership)</i>
	<b>Type of Business:</b> <i>(Company, Limited Liability Partnership, Partnership or Sole Trader)</i>

2.	<b>Trading Address:</b>
	<b>Invoice Address (if different from Trading Address)</b>
	<b>Registered Office:</b> <i>(if Company or Limited Liability Partnership and different to trading address)</i>

3.	<b>Telephone Number:</b>
	<b>Fax Number:</b>
	<b>E-Mail Address:</b>
	<b>URL (website):</b>
	<b>EORI Number (If Applicable):</b>
	<b>VAT Number:</b> <i>(this must be completed if VAT registered)</i>

**PLASTIC HEAD MUSIC DISTRIBUTION LTD**

Registered Office: Avtech House, Hithercroft Road Wallingford, Oxon OX10 9DA  
Company Reg No: 2244540 Director: S.G. Beatty. Company Secretary: Elaine Sutcliffe  
Tel: +44(0)1491 825029 Fax: +44(0)1491 826320 Email: info@plastichead.com



# PLASTIC HEAD MUSIC DISTRIBUTION LTD.

**4. Full List of Directors (if a company)/ Full list of Partners (if a partnership)/ Full List of Employees with Authority to Contract on Behalf of the Business (if a Sole Trader):**

*If insufficient space, please complete on a separate sheet.*

**Home Addresses and Telephone Numbers for all Persons Named Above:**

*If insufficient space, please complete on a separate sheet*

5.	Contact	Name / Dept	Telephone	Email
	Accounts Payable			
	Buyer 1			
	Buyer 2			
	Buyer 3			

**6. Nature of Business:**

**Credit Limit Required:**

**7. Property:** list all property in which the business has an interest and indicate, in respect of each such property, whether it is owned, leased or rented.

**8. Number of years in business**

**Number of Stores:**

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<b>Annual Sales Volume:</b>
<b>Do you own <input type="checkbox"/>, rent or lease <input type="checkbox"/> your business location?</b> <i>(please select correct option)</i>

<b>9.</b>	<b>Name of Bank:</b>	
	<b>Address of Bank:</b>	
	<b>Clearing Number:</b>	
	<b>Account Number:</b>	<b>Sort Code:</b>

<b>10.</b>	<b><u>Name and Address of two Trade Referees</u></b>	
	1)	2)

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<b>11.</b>	<u>To be Completed by Plastic Head Music Distribution Limited</u>	
	<b>Account Number:</b>	<b>Credit Limit:</b>
	<b>Start Date:</b>	
	<p><b>Permitted Channels for the purpose of the sale of Goods are those marked with an X and initialled by or on behalf of Plastic Head Music Distribution Limited:</b></p> <p><b>Retails sales to consumers from a location approved by the Supplier</b>  <b>Internet sales to consumers within [insert country] only from a website approved in writing by the Supplier</b></p> <p><b>mail order sales to consumers within [insert country]</b></p> <p><b>other [insert details ].</b></p>	
	<b>Keyed by:</b>	
	<b>Account Manager Name:</b>	<b>Account Manager Number:</b>

### Credit Information

We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about directors, partners or sole traders with a credit reference agency or our insurers. I agree to the collation, manipulation, storage, sorting, deletion or other processing of data as outlined in the Data Protection Act 1988 (or as subsequently amended)

Additionally we will monitor and record information relating to your trade performance and your trade credit performance. Such records will be made available to credit reference agencies and our insurers, who will share that information with other businesses in assessing applications for insurance, credit and for fraud prevention and such records will be made available by ourselves to other organisations to assess applications for credit and/or insurance.

I confirm that all the information I have given on this form is correct and that I accept the Terms and Conditions for the Sale of Goods as shown overleaf and those contained above under the heading 'Credit Information.' I further confirm that I am duly authorised to sign this application.

**Credit facilities may be denied or withdrawn by us at any time. This application will only be considered if completed in full and accompanied by your official company letterhead.**

Signed..... Dated..... Name..... [Block Capitals]

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# PLASTIC HEAD MUSIC DISTRIBUTION LTD.

*If signing on behalf of a Company*

On behalf of .....[Company  
Name]  
Trading as.....[Delete if not  
applicable]  
Position Held.....  
.....

*If signing on behalf of a Partnership/ Sole Trader*

On behalf of.....  
[Trading name]  
Position held.....

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