



SD Sails Account Application Form

Company Name _____
Trading Address _____ _____
Contact Name _____
Phone Number _____
Email Address _____
Company Website _____
Date Company Established _____
Projected Monthly Spend with SD Sails - £ _____
Invoice Address (if different to above) _____ _____
Accounts Contact Name (if different to above) _____
Accounts Phone Number _____
Accounts Email Address _____

1 st Trade Reference – Please give details of a current supplier you have been trading with for at least 12 months
Company Name _____
Company Address _____ _____
Contact Name _____
Phone Number _____
Email Address _____

2nd Trade Reference – Please give details of a current supplier you have been trading with for at least 12 months

Company Name _____

Company Address _____

Contact Name _____

Phone Number _____

Email Address _____

Limited Companies must complete this section

Registered Address _____

Company Registration No _____ VAT No _____

Names of all Company Directors _____

Sole Traders & Partnerships must complete this section

1st Partner's Name _____ Date of Birth _____

Home Address _____

2nd Partner's Name _____ Date of Birth _____

Home Address _____

(Please supply details of any additional partners on a separate sheet)

I confirm that the information given above is correct and give SD Sails authority to contact the above trade references. I have read and accept the terms and conditions of SD Sails Limited that are provided with this form.

Signed _____ Dated _____

Print Name _____