Account Application Form

Unit 2, Pitcliffe Way Ind Est, Off Upper Castle St

Bradford, BD5 7SG

HEALTHCARE DISTRIBUTION DIRECT LTD

Legal Title - Business:

Trading Title:

Type of Business: **Ltd** ☐ **Prtnership** ☐ **Sole Trade** ☐

Please tick appropriate box

Sole Trader / Prtnr Name & Address

Postcode : **Country:**

Invoice Address:

Postcode:

Delivery Address:

Postcode:

Registered Office:

Postcode:

Registration:

Date Incorporated:

Vat No:

Email Address:

Telephone No:

Account Contacts:

Tel No:

Fax No:

Email Address:

Trade Reference 1:

Postcode:

Trade Reference 2:

Postcode:

Bank Details:

Account Number:

Credit Limit Required:

Sort Code:

Signature:

Address:

Print Name:

Date:

Swift Code:

Status:

Account Name:

Please Attach a Letter Head or Compliment Slip with your Application, Thank You.

For Healthcare Distribution Direct Limited Use Only:

Submitted	Authorised	Date	Area Code	Account No	Trade Ref 1	Trade Ref 2	Bank Ref