



CELLARVINO

WHERE WINE, SERVICE & VALUE MEET

CREDIT APPLICATION/NEW ACCOUNT FORM

PLEASE COMPLETE ALL SECTIONS

FULL REGISTERED NAME OF APPLICANT

TRADING NAME (IF DIFFERENT)

REGISTRATION NO. DATE OF INCORPORATION

PARTNERS/PROPRIETORS (if not Ltd. Co. PLC)

REGISTERED ADDRESS

TOWN COUNTY
POST CODE FAX
TEL MOB
EMAIL

CONTACT NAME - ORDERS
TEL FAX
EMAIL

CONTACT NAME - ACCOUNTS
TEL FAX
EMAIL

CREDIT LIMIT REQUIRED VAT NO.

AWRS REFERENCE NUMBER

CONTINUED OVERLEAF

AUCTION HOUSE CRESCENT ROAD LUTON LU2 0AH

TEL + 44 (0)1582 457799 FAX +44 (0)1582 452002 EMAIL SALES@CELLARVINO.COM WEB WWW.CELLARVINO.COM

CELLARVINO IS A DIVISION OF BINNING WINE MART LIMITED. REGISTERED OFFICE: 25 PARK STREET WEST, LUTON, BEDS, LU1 3BE

COMPANY REG NO: 4831953 VAT NO: 404 046 301 AWRS NO: XWAW00000104201

REFERENCES

TWO TRADING REFERENCES ARE REQUIRED

TRADE REFERENCE 1

COMPANY NAME			
ADDRESS			
		TOWN	
COUNTY		POSTCODE	
TEL		FAX	
EMAIL			

LENGTH OF TRADING RELATIONSHIP		YEARS		MONTHS
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TRADE REFERENCE 2

COMPANY NAME			
ADDRESS			
		TOWN	
COUNTY		POSTCODE	
TEL		FAX	
EMAIL			

LENGTH OF TRADING RELATIONSHIP		YEARS		MONTHS
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COMPANY BANK DETAILS

BANK NAME			
BANK ACCOUNT NO.		SORT CODE	
ADDRESS			
		TOWN	
COUNTY		POSTCODE	

PLEASE ENSURE THAT YOU ALSO INCLUDE COPIES OF ALL THE FOLLOWING REQUIRED INFORMATION UPON RETURN OF YOUR COMPLETED ACCOUNT APPLICATION:

- VAT CERTIFICATE
- CERTIFICATE OF INCORPORATION (IF APPLICABLE)
- COMPANY LETTERHEAD
- COMPANY UTILITY BILL FROM WITHIN THE LAST THREE MONTHS
- PHOTO ID OF THE COMPANY OWNER OR DIRECTOR (DRIVING LICENSE PREFERRED)

I CONFIRM THAT I HAVE RECEIVED, READ AND ACCEPT THE CELLARVINO TERMS AND CONDITIONS OF TRADING (OVERLEAF)

AUTHORISED FOR AND ON BEHALF OF THE APPLICANT:

SIGNED:..... NAME:.....

POSITION:..... DATE:.....