

Application for Business Account

NO CREDIT TERMS WILL BE GIVEN UNTIL THE ACCOUNT HAS BEEN OPEN&ACTIVE FOR AT LEAST 6 MONTHS

Please note, failing to input all correct information may prolong your application process. You must complete this form with the necessary documents before returning to us.

Section 1 : Business Details				Verified
Business Name:				
Country of Incorporation:		VAT Number:		
Company Type:	Limited company <input type="checkbox"/>	Sole trader <input type="checkbox"/>	UK branch of non-EEA firm <input type="checkbox"/>	Other <input type="checkbox"/>
	Limited liability partnership (LLP) <input type="checkbox"/>	Limited partnership (LP) <input type="checkbox"/>		
No. of locations :		Registration No. :		

Section 2 : Registered Address				Verified
Building/Flat No. :		Building/Flat Name:		
Street Name:		City:		
Country:		Postcode:		
Length of time at current address:				
Trading address if different from the above:				
Building/Flat No. :		Building/Flat Name:		
Street Name:		City:		
Country:		Postcode:		
Contact Details				
Business Telephone No. :				
Preffered Email Address:				
Website Address:				
Industry Type:	Retail <input type="checkbox"/>	Other (specify) <input type="checkbox"/>		

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Section 3 : Personal Details of immediate owners(s) Holding more than 25% Trustees/Governing Body Member(s)						Verified
Immediate owner/governing body member/trustee 1						
Title:		First Name:		Last Name:		
Nationality:		Country of Residence :		D.O.B :		
Address Details						
Flat/Date of incorporation (in case of company) Building no. :						
Flat/Building name :						
Street Name :			City :			
Country :		Post Code :		Length of time at address :		
Identification Details						
Type of identification :	Passport <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>			
Identification number :		Valid until :				
Tax reference number :		Indicate percentage ownership :				
Are you the Director or the Company/Organisation :				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Immediate owner/governing body member/trustee 2						Verified
Title:		First Name:		Last Name:		
Nationality:		Country of Residence :		D.O.B :		
Address Details						
Flat/Date of incorporation (in case of company) Building no. :						
Flat/Building name :						
Street Name :			City :			
Country :		Post Code :		Length of time at address :		
Identification Details						
Type of identification :	Passport <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>			
Identification number :		Valid until :				
Tax reference number :		Indicate percentage ownership :				
Are you the Director or the Company/Organisation :				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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Documents Checklist (Please tick the appropriate box below)

Incorporation Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registered Office proof of address	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of ID for Director/s	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of ID for Shareholder/s	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of address for Director/s <3 months	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of address for shareholder/s <3 months	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Confirmation of VAT number from HMRC in the UK or Equivalent	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Sole Trader; Personal Tax Return documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Print Name:	
Signature:	
Date:	

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Once you have completed this form, please return to accounts@tgwdistribution.co.uk along with all the necessary documents needed. Once we have received your information we will be in touch.

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