



Email: dealer@wofundingltd.com

Fax: 01785 247958

Tel: 01785 241537

About your organisation

PLEASE PRINT CLEARLY USING BLOCK LETTERS

Company name

Company type Limited Company Sole-trader / Partnership Other

Head office address

Town

County Post code

Time at this address

E mail address

Mobile number

Head office telephone no

Head office fax no

How long in business

Number of Sales Per Month

Trade reference:

Company name Telephone

Address

Postcode

Business ownership

Title Forname Surname

Home Phone Date of Birth

Personal address

Town

County Post code Length at current address

Own Rent Mtg Balance Home Value

Other Partners/Directors (if applicable)

Please fill out a separate application for each additional person.

Surname

Forename

Date of birth

Surname

Forename

Date of birth

Surname

Forename

Date of birth

Bank information

Your main bank/building society name

Bank address

Town

County

Post code

Business account name

Name

Branch sort code

Bank or building society account no

Account type

Current

Savings

Licenses and registrations

Business Registration number

FCA Permission Number

Your Company VAT Number

We declare that the above information is true, correct and complete and is given to induce the company to extend credit. We authorize the company to make such credit investigation as the company sees fit, including contacting the above bank and obtaining credit reports. We authorize all trade references, bank credit reporting agencies to disclose to the company any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated above and agree to all those terms and conditions.

Company name

Authorized Signature

Title

Print name

Date

Please submit your application by emailing it to dealer@wofundingltd.com along with a copy of your passport/driving licence and a copy of a void cheque. Thank you.