ACCOUNT APPLICATION FORM

(This is NOT Credit Application)

Company Name:	**Leagal Entity** (please circle the correct one)
Trading Name (Shop Name):	**Limited Company / Partnership / Sole Trader**
Company Reg No:	**Vat Reg No:**

Invoice Address: **Post Code:**	**Registered Office:** (Leave blank if same as invoice address) **Post Code:**
Landline Number:	**Email Address:**

Opening Hours:

MONDAY	**SATURDAY**
TUESDAY	**SUNDAY**
WEDNESDAY	**CHRISTMAS DAY**
THURSDAY	**NEW YEAR'S DAY**
FRIDAY	**EID DAYS**

Partner 1 / Director 1	**Partner 2 / Director 2**
Full Name:	**Full Name:**
Mobile Number:	**Mobile Number:**

MANAGER	**BUYER**
Full Name:	**Full Name:**
Mobile Number:	**Mobile Number:**

Anatolia Foods Limited, Unit 6 Britannia Rd, Sale, Cheshire, M33 2AA, www.anatoliafoods.co.uk