

Business Account Application Form



Please fax to +44(0)208 605 0855 attaching a copy of your Business Letterhead, Alternatively post to H Mart Europe Ltd. Unit 1, Leigh Close, New Malden, Surrey, KT3 3NW

Trading Name _____
 website(if applicable) **www.** _____

Trading Address _____

Town _____ Post Code _____

Registered Address
 (If different from above) _____

Town _____ Post Code _____

Company Registration Number _____

Charity Registration Number(if applicable) _____

Buying Contact Name(Including Job Title) _____

Telephone Number Mobile _____ Landline _____

E-mail Address _____

Finance Contact Name(Including Job Title) _____

- This should be the name of someone we can contact if we have a query regarding account as above details
- H Mart Europe Ltd prefers to issue invoices via e-mail, please quote a suitable e-mail address for us to issue these to

Telephone Number Mobile _____ Landline _____

E-mail Address _____

Legal Status _____

Date Business Established _____

Financial Year End _____

No. of Employees(approx) _____

Company Turnover(approx) _____

By signing this agreement you declare that;

- You have read and accept the H Mart Europe Ltd condition of Sale(the Next page)
- The information provided by you when applying for this account is correct
- You are authorised to bind the Account Holder to this agreement by signing it
- You consent to use performing a credit check on the business

Reference (Please provide two traders who are trading with you for 6months minimum)

(1st) Company Name _____ Contact _____

Address _____

Tel _____ Fax _____

(2nd) Company Name _____ Contact _____

Address _____

Tel _____ Fax _____

**I certify that I am authorised to act sign on behalf of Buyer
 and that Buyer is bound by my actions.**

By _____ Official Title _____

Date **DD / MM / YYYY** Signature _____