



# Customer Application Form

Private and Confidential

Type of Account Required:

Credit

Cash

M2M Limited  
Hanover Place, 8 Ravensbourne Road  
Bromley, Kent BR1 1HP

t: +44 (0)208 676 6067 f: +44 (0)208 676 8111 e: sales@m2m-direct.co.uk

**PLEASE COMPLETE IN CAPITALS**

## Name/Address

Company Name:	
Address:	
County:	Post Code:
Telephone No:	Fax:
Company Website:	
Sales Contact:	Email:
Purchase Contact:	Email:

How did you hear about M2M? (tick as appropriate)

Trade Show  Website  Manufacturer Referral  Other:

## Company Information

Date of First Trading:	
Nature of Business (tick as appropriate):	
OEM <input type="checkbox"/>	VAR <input type="checkbox"/> Distributor <input type="checkbox"/> Reseller <input type="checkbox"/> Retailer <input type="checkbox"/> Other: <input type="text"/>
What type of business are you? (tick as appropriate):	
Private	Limited PLC Other
Name of Directors/Partners:	
Accounts Contact:	Email:
Required Credit Limit: £	Issued Capital:
Date of Last Filed Accounts:	Last Year's Turnover:
Company Reg. Address:	Company Reg. No:
VAT Number:	No: of Staff:

### Bank Reference

<b>Name of Bank:</b>	
<b>Address:</b>	
<b>City:</b>	<b>Post Code:</b>
<b>Account Number:</b>	<b>Sort Code:</b>

### Trade References

<b>Company Name:</b>		<b>Company Name:</b>	
<b>Contact Name:</b>		<b>Contact Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>County:</b>	<b>Post Code:</b>	<b>County:</b>	<b>Post Code:</b>
<b>Telephone No:</b>		<b>Telephone No:</b>	
<b>Email:</b>		<b>Email:</b>	

Do you use an invoice discounting or factoring company? If yes, please enclose full details. You must inform your factoring or invoice discounting company that we hold the retention title over all goods supplied and any monies received for their purported resale.

By signing this Customer Application Form you are deemed to have read and agreed to all of M2M's Terms and Conditions. Terms and Conditions can be found on our website: [www.m2m-direct.co.uk](http://www.m2m-direct.co.uk).

Please note our payment terms are 30 days from invoice date.

Tick box if you agree to receive invoices via email.

<b>Print Name:</b>	<b>Signature:</b>
<b>Position:</b> Director	<b>Date:</b>

Please return back to us your completed Customer Application Form accompanied by a Letter of Introduction, VAT Certificate and Certificate of Incorporation to enable us to process your application.