PLEASE USE **BLOCK CAPITALS** WHEN FILLING IN THIS FORM





APPLICATION TYPE: FULL COMPANY NAME: TRADING NAME IF DIFFERE	PAY WITH ORDER	CREDIT	
TRADING NAME IF DIFFERENT. TRADING ADDRESS (Continue on a separate sheet if different address for Invoices or delivery):			
ADDRESS: TOWN: COUNTY: POST CODE: TELEPHONE: MOBILE:	de on a separate sheet ii different address	s for invoices or delivery):	
E-MAIL:			
COMPANY REGISTRATION N	10.:		
TYPE OF BUSINESS (PLC, LIMITED, LLP, PARTNERSHIP or SOLE PROPRIETOR):			
ESTABLISHED: Y	EARS MONTHS		
BUSINESS REFERENCES			
COMPANY NAME:			
COMPANY ADDRESS:			
TELEPHONE: CURRENT MONTHLY SPEND	y. f		
CORREINT MONTHET STERE			
HAVE ANY OF THE DIRECTORS EVER BEEN DIRECTORS OF A COMPANY THAT BECAME INSOLVENT OR ENTERED INTO A COMPANY VOLUNTARY ARRANGEMENT OR HAVE THEY BEEN PERSONALLY BANKRUPT OR ENTERED INTO AN I.V.A.?			
YES or NO: IF YES PLEASE GIVE DETAILS ON A SEPARATE SHEET.			
IF YES PLEASE GIVE DETAILS	ON A SEPARATE SHEET.		
WE USE CREDIT REFERENCE AGENCIES AND OTHER SELECTED BUSINESSES TO HELP US MAKE DECISIONS REGARDING YOUR ACCOUNT. EXCEPT FOR THE PURPOSES OF CREDIT RATING WE WILL NOT DISCLOSE, SELL, RENT OR SHARE YOUR CUSTOMER INFORMATION TO OR WITH ANY PERSON OUTSIDE OF THE GROUP OF COMPANIES OF WHICH WONDERFUL LIFE PHBS LTD FORMS PART (THE GROUP) WITHOUT YOUR CONSENT. THE GROUP MAY USE YOUR CUSTOMER INFORMATION FOR DIRECT MARKETING PURPOSES IN CONNECTION WITH THEIR PRODUCTS OF SERVICES.			
We/I hereby agree to pay the account in accordance with the terms and conditions of sale, and being a Principal/Principals of the applicant entity, jointly and severally guarantee performance of all the entity's financial obligations to Wonderful Life PHBS Ltd, including any financial obligations arising from any increase in credit limit granted by Wonderful Life PHBS Ltd. We also acknowledge and accept Wonderful Life PHBS may update terms and conditions of sale. THIS APPLICATION MUST BE SIGNED BY ALL DIRECTOR(S), PARTNER(S) OR PROPRIETOR(S) OF THE BUSINESS. (Continue on a separate sheet if necessary):			
FULL NAME:		FULL NAME:	
HOME ADDRESS:		HOME ADDRESS:	
POST CODE:		POST CODE:	
TELEPHONE NO:		TELEPHONE NO:	
MOBILE NO:		MOBILE NO:	
E-MAIL:		E-MAIL:	
Χ		X	
DATE:		DATE:	