

# TIM PAGE CARPETS

Chelsea Harbour Design Centre

Tel: 44-20 8971 1714

Fax: 44-20 8971 1716

Email: [tim@timpag carpets.co.uk](mailto:tim@timpag carpets.co.uk)

A MEMBER OF THE  GROUP OF COMPANIES

## TRADE ACCOUNT APPLICATION FORM

*Please complete ALL sections and return with a sample of your letter head*

Date .....

Company Name .....

Address .....

.....

Telephone No..... Fax No.....

Email: ..... VAT Registration No.....

Contact Name: ..... Accounts Contact: .....

Years in Business.....

Membership of any trade organisation (eg., B.I.D.A. etc): .....

**TYPE OF BUSINESS:** *Please tick the main activity of your company:*

<input type="checkbox"/>	Interior Designer with Shop
<input type="checkbox"/>	Interior Designer without Shop
<input type="checkbox"/>	Architect *
<input type="checkbox"/>	Contract Furnisher
<input type="checkbox"/>	Furniture Manufacturer

<input type="checkbox"/>	Upholsterer
<input type="checkbox"/>	Curtain Maker
<input type="checkbox"/>	Specifier *
<input type="checkbox"/>	Other please specify .....

*\* For Architects, Specifiers and Contractors we require the completion of this trade account form in order to establish your entitlement to trade prices and samples. We do not supply to anyone who does not hold a trade account with us. We regret that this is necessary to protect our bona fide trade accounts.*

**TRADE REFERENCES:** *Please tick all of the following companies with whom you have a credit account and to whom we may apply for references. (We require at least two such references.)*

Brunschwig & Fils..... Nobilis Fontan .....

Claremont ..... Turnell & Gigon.....

Colefax & Fowler ..... Zimmer & Rohde .....

Pierre Frey ..... Zoffany.....

**BANK REFERENCE:** Name & Address of your Company Bank.....

.....

Post Code ...

Account No ..... Bank Sort Code.....

**ALL ORDERS, EVEN FOR ACCOUNT HOLDERS, WILL BE SUPPLIED ON THE BASIS OF 50% WITH ORDER**

**INITIAL ORDERS FOR NEW ACCOUNTS WILL BE FULL PAYMENT IN ADVANCE**

Signed ..... Name (Please print) .....