

TRADE APPLICATION

Company Name	Trading Name (if different):
	Registered Address:
Trading Address:	
Post Code:	Post Code:
Tel No:	Main Trading Activity:
Fax No:	Company Reg. No:
E-Mail:	Date Company Registered:
Web Address:	Country of Registration:
Bank Name:	Date Trading Commenced:
Account Name (not essential):	VAT Reg. No:
Account No (not essential):	Trade Classification:
Sort Code: (not essential):	

Type of Business:	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership
Type of Company:	<input type="checkbox"/> Distributor	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Trader
	<input type="checkbox"/> Broker	<input type="checkbox"/> Other	<input type="text"/>
No. of Employees:	<input type="checkbox"/> 1 to 5	<input type="checkbox"/> 6 to 10	<input type="checkbox"/> 11 to 15 <input type="checkbox"/> 16 +

Directors Information (please provide details and copies of the following for all directors)	
<u>Director 1</u>	<u>Director 2</u>
Full Name:	Full Name:
Home Address:	Home Address:
Post Code:	Post Code:
Passport No:	Passport No:
Drivers Licence No:	Drivers Licence No:
For additional directors, please use a blank sheet	

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Authorised Traders (Names of persons authorised to trade on your behalf)	
Name:	Name:
Tel. No:	Tel. No:
Fax No:	Fax No:
Mobile No:	Mobile No:
E-Mail:	E-Mail:
MSN Address:	MSN Address:
Signature:	Signature:

Accountants Details (Please provide your accountants details in order for us to take a trade reference)	
Company Name:	Contact:
Address:	
	Post Code:
Tel. No:	Fax:
Mobile No:	E-Mail:

Trade References (Please provide two current trade references (one Freight Forwarder & one Supplier))	
Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Tel. No:	Tel. No:
Current Credit Limit: £	Current Credit Limit: £

VAT Information	
VAT Office address:	Tel. No:
	Fax No:
	Contact:
Frequency of VAT Returns: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other	
Do you have a dedicated VAT Advisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Contact Name:	
Address:	
Tel. No:	Fax No:

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Please answer the following questions:	
Are you a member of Federation of Telecommunications Industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of the HMCE draft statement of practice on joint and several liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry out reasonable checks on the legitimacy and integrity of all your customers / suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you undertake reasonable steps to ensure the commercial viability and integrity of each of your transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What other checks do you do on your suppliers and customers:	

DECLARATION

I / we hereby declare the information given on this form is complete, accurate and true.

Director's Signature: _____

Print Name: _____

Date: _____

Company Stamp or Seal:

PLEASE COMPLETE AND POST AT FOLLOWING ADDRESS

Momobiles Worldwide Limited, 8 Lombard Road, Wimbledon, London, United Kingdom
SW19 3TZ

or email to admin@mobilesworldwide.co.uk

Along with the following documents

- | | |
|--|-------------------------------------|
| 1. Copy of your Certificate of Incorporation | <input checked="" type="checkbox"/> |
| 2. Copy of your Valid VAT Certificate | <input type="checkbox"/> |
| 3. Copy of Company Letterhead | <input type="checkbox"/> |
| 4. A Company Introductory Letter | <input type="checkbox"/> |
| 5. Copy of a Director's Passport or Driving Licence | <input type="checkbox"/> |
| 6. Copy of a current Utility Bill (within the last 3 months) | <input type="checkbox"/> |