



TRAVERS BIKES Limited
183 Rectory Avenue
Rochford
Essex
SS4 3AW
United Kingdom
Tel +44 (0) 1702 547805

TRAVERS BIKES Limited

DEALER APPLICATION FORM

Please fill out the form in BLOCK CAPITALS and return it via email or post
We aim to process your application as quickly as possible and will contact you to confirm the status of your account

COMPANY NAME:

TAX NUMBER (VAT):

HOW LONG HAVE YOU BEEN TRADING?

PHONE NUMBER:

WEBSITE:

EMAIL ADDRESS:

HOW DO YOU TRADE?

SHOP ONLY:

☐

IF YES, HOW MANY SHOPS?

SHOP & INTERNET:

☐

IF YES, HOW MANY SHOPS?

INTERNET ONLY:

☐

ACCOUNT CONTACT:

CONTACT POSITION:

DELIVERY ADDRESS:

POST / ZIP CODE:
COUNTRY:

TELEPHONE:
FAX:
EMAIL:

TRADING ADDRESS:
(If different)
POST / ZIP CODE:
COUNTRY:

TELEPHONE:
FAX:
EMAIL:

INVOICE ADDRESS:
(If different)
POST / ZIP CODE:
COUNTRY:

TELEPHONE:
FAX:
EMAIL:

<input type="text"/>	<input type="text"/>
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FULL NAME

DATE

<input type="text"/>

SIGNATURE

PLEASE COMPLETE WHICHEVER IS APROPRIATE (JUST ONE)

LIMITED COMPANY or PLC

Full Company Name:

Registered Office Address:

POST / ZIP CODE:

COUNTRY:

TELEPHONE:

FAX:

EMAIL:

COMPANY OF REGISTRATION:

REGISTRATION NUMBER:

NAME OF DIRECTOR:

PROPRIETOR or SOLE TRADER

Full Name of Individual:

Home Adress of Applicant:

POST / ZIP CODE:

COUNTRY:

TELEPHONE:

FAX:

EMAIL:

PARTNERSHIP

Full Name of Partner 1:

Home Adress of Applicant:

POST / ZIP CODE:

COUNTRY:

TELEPHONE:

FAX:

EMAIL:

Full Name of Partner 2:

Home Adress of Applicant:

POST / ZIP CODE:

COUNTRY:

TELEPHONE:

FAX:

EMAIL: