

ECLECTIC COOL LIMITED
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WANCHAI

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TRADE APPLICATION FORM

Name: Applicant's Details:	Date:
Address:	Tel No
Post Code:	Email:
	Contact:
	Contact in Accts Dept.

Type of company: (please tick)

<input type="checkbox"/> Interior Designer	<input type="checkbox"/> Interior Decorator	<input type="checkbox"/> Curtain Maker/Upholsterer
<input type="checkbox"/> Hotel	<input type="checkbox"/> Property Developer	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Furniture Manufacturer	<input type="checkbox"/> Architect/Specifier	<input type="checkbox"/> Contract Furnishing company

Business Details:

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Partnership
Please indicate below:		
a) In the case of a sole trader, the name and home address and telephone number of the individual		
b) For a Limited Company, the registered name and address of the company should be given		
c) For a Partnership, the name, home address and telephone number of the two senior partners		
Name:	Name:	
Address:	Address:	
Post Code:	Post Code	
Tel No.	Tel No.	
BR:		
Company Registration Number:		

References:

<u>TRADE</u>	<u>TRADE</u>	<u>BANK</u>
Name:	Name:	Name:
Address:	Address:	Address:
Post Code:	Post Code:	Post Code:
Tel No.	Tel No.	Tel No.
Account No.	Account No.	Account No.