

THE GREEN SOLUTIONS TRADING COMPANY LTD

Retailer Application Form

Full Name: _____

Company Name: _____

Position Within Company: _____

Address: _____

Town/City: _____

Region: _____

Country: _____

Post Code: _____

Telephone: _____

Fax: _____

Mobile: _____

E-mail address: _____

When was the company formed? _____

Who are your main customers? _____

What do you sell? _____

Are you V.A.T. registered? Y/N _____

Bank details:

Name of Bank: _____

Address of Bank: _____

Town/City: _____

Region: _____

Country: _____

Post Code: _____

Account Number: _____

Sort Code: _____

Please send this completed form to:

**The Green Solutions Trading Company Limited
Grange Offices
Burgh on Bain
Market Rasen
Lincolnshire
LN8 6LA**