



MEMBERSHIP APPLICATION FORM

Full Business Name

Reg.No. if Ltd. Company (If LTD. all directors are required to complete the attached Personal Guarantee Form)

Your Shop

Registered Office and/or Business Address

Postcode **Tel No**

You (& Your Colleagues)

Director or Proprietor's Full Name (Including Title) Address

Postcode **Tel No**

No. of years at address (if less than 12 months please provide previous address overleaf)

Signature: **Date of Birth**

Director or Proprietor's Full Name (Including Title) Address

Postcode **Tel No**

No. of years at address (if less than 12 months please provide previous address overleaf)

Signature: **Date of Birth**

I/We wish to apply for membership & agree to abide by Gainsmore's terms of trading
 If there should be more than two owners/directors please provide details overleaf

Business Email Address:

A search may be made with a credit reference agency which will keep a record of the search & will share that information with other businesses. We may also make enquiries about the principal directors.

For office use only

Received by: **Date:**

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