



**Agency Sales Limited**  
 ASL House, Debdale Lane  
 Mansfield Woodhouse  
 Nottinghamshire, NG19 7NS

Tel: 01623 473040 Fax: 01623 473048

e-mail: sales@aslweb.co.uk

Sales lines open 9am - 6pm weekdays

Buy on-line 24/7

Stock availability updated real-time

<b>ASL - Your I.T. Distributor</b>	
<b>Application Form (30 day credit)</b>	
Company Details	Registered Company Details
Trading Name	Reg. Name
Address	Reg. Office
	Address
Postcode	
Telephone	
Fax	Postcode
Email	Reg. No.
<b>Invoice Address (If Different From Above)</b>	VAT No.
Address	Years Trading
	Company Reg. No.
Postcode	Nature of Bus.
Telephone	<b>Proprietors (If Not A Limited Company)</b>
Fax	Name (1)
<b>Trade References</b>	Address
Company (1)	
Address	
	Postcode
Postcode	Name (2)
Telephone	Address
Fax	
Company (2)	
Address	Postcode
	<b>Monthly Credit limit applied for :</b>
Postcode	<b><u>Nature of business ?</u></b>
Telephone	Retail <input type="checkbox"/> Trade <input type="checkbox"/> Wholesales/Distributor <input type="checkbox"/>
Fax	Corporate <input type="checkbox"/> School/College <input type="checkbox"/> Local Authority <input type="checkbox"/>
<b>Bank Account Name:</b>	ASL e-list: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Address</b>	<b><u>How do you sell ?</u></b>
	Retail/Mail Order <input type="checkbox"/> Retail/Shop <input type="checkbox"/> Trade/mail Order <input type="checkbox"/>
Sort Code :                      A/C NO.	Trade/Shop <input type="checkbox"/> Other _____
Telephone	Yearly spend on P.C components? £ _____
Web address	Yearly turnover £ _____
	How did you hear about us? _____
<b>Please FAX this form and required documents to:                      01623 473048</b>	
Terms and conditions applying to this application.	
1. Company accounts latest year.	
2. Copy of a Business Letterhead and Business Cheque clearly marked VOID.	
3. We authorise our Bankers to give Agency Sales Ltd a bank report and credit rating on the above account.	
4. Your first order must be on a cleared funds basis (excluding education establishments)	
I / We agree to the Terms and Conditions of Agency Sales Limited(available upon request)	
Company _____	
Signed _____	Position in Company _____
Dated _____	Print Name _____