



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:

1	2	3	4	5	6
7	8	9	10	11	12