



## Trading Account Application Form

Please complete this form if you wish to open a trading account with PVA Hygiene Ltd and agree to our payment terms of 30 days. Return the completed form to:

**PVA Hygiene Ltd**  
**Unit 6, Havyat Business Park**  
**Wroughton**  
**Bristol**  
**BS40 5PA**

<b>CONTACT DETAILS</b>	
Company Name:	
Address:	
Postcode:	
Contact Name:	
Contact Phone Number:	
Fax Number:	
Email:	

<b>GROUP/NETWORK DETAILS OR REFERENCES</b>	
<b>If you are a member of a Distributor Network or Distributor Group then please give us the details below, otherwise, please complete the Trade Reference section</b>	
Are you a member of a Distributor Network or Group?	No / Yes (please circle)
Group Name:	
Group Member Number (if applicable):	
<b>TRADE REFERENCE (non-network members only)</b>	
Referee Contact Name:	
Referee Company Name:	
Referee Address:	
Referee Contact Number:	
Referee Contact Email:	

<b>PLEASE SIGN AND DATE BELOW:</b>			
SIGNATURE	PRINT NAME	POSITION	DATE