VENDOR REGISTRATION FORM

PLEASE USE BLOCK CAPITAL LETTERS TO COMPLETE

Title MR / MRS / MISS / MS / DR / OTHER _____

Full Name _____

Address _____

_____

_____

Postcode _____

Telephone No _____

Mobile _____

E-mail

VAT STATUS _____

Commission Charge *15% + VAT* ***Lotting Charge*** *£2.00 per lot + VAT*

PATS Testing *£2.50 per item* ***Payment Method*** *CHEQUE / BACS*

Bank Details

ACCOUNT NAME

SORT CODE

		-			-		

ACCOUNT NUMBER

(FOR OFFICE USE ONLY)

IT IS A LEGAL REQUIREMENT TO SEE PHOTO & ADDRESS ID

ID *YES / NO*

COPY ID ATTACHED *YES / NO*