

APPLICATION FORM FOR NEW ACCOUNT

<i>FULL COMPANY NAME</i>
<i>TRADING NAME(IF DIFFERENT FROM ABOVE)</i>
<i>LIMITED COMPANY/PARTNERSHIP/SOLE TRADER</i>
<i>COMPANY REGISTERED OFFICE</i>
<i>COMPANY REGISTERED NUMBER</i>
<i>TYPE OF BUSINESS restaurant/club ect</i>
<i>TRADING & DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE)</i>
<i>INVOICE/BILLING ADDRESS</i>

Coast & Kitchen Fish Merchants Ltd

Billingsgate Market
Unit Q10/Office 84
Trafalgar Way
London E14 5ST

020 7515 4848
020 7515 4848
sales@coastandkitchen.com
www.coastandkitchen.com

COMPANY No: 13335237

APPLICATION FORM FOR NEW ACCOUNT

CONTACT NAME- accounts

TELEPHONE –accounts

CONTACT NAME- kitchen

E MAIL ADDRESS- kitchen

TELEPHONE –kitchen

TELEPHONE- mobile/alternative

FASIMILE- kitchen

FACIMILE –accounts

E-MAIL- accounts

BANK DETAILS

SORT CODE

ACCOUNT NUMBER

TRADE REFERENCE 1

TRADE REFERENCE 2

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