

Membership Application Form



➔ 1. Company Information:

Company Name: _____ Registration Number: _____
Trading Address: _____

Postcode: _____
Tel. Number: _____ Fax No: _____
Email address: _____
Website address: _____
Home address: (If sole trader) _____

➔ 2. Directors / Partners Details:

Name:	Date of Birth:	Title:
_____	_____	_____
_____	_____	_____
_____	_____	_____

➔ 3. Company History:

Annual Turnover: _____ Contracts per month: _____ Average contract value: _____
Number of Salesmen: _____ Products: _____
Are you registered with:
Fensa, Certass, BM Trada or Other (Please state i.e. RECC) _____

➔ 4. Details of two Principal Suppliers:

Company 1: _____ Company 2: _____
Contact name: _____ Contact name: _____
Email address: _____ Email address: _____

➔ 5. Accountants Details:

Name: _____
Address: _____
Email address: _____

I/We authorise Home Improvement Protection to make any enquiries necessary in the processing of this application.
To the best of my knowledge the above information is true and correct.

Signature: _____ Position: _____ Date: _____