



Membership Application Form

Section One: Applicant details

Company or business name: _____

Trading address: _____

_____ Postcode: _____

Registered office address (if different from above): _____

_____ Postcode: _____

Tel: _____

Mobile: _____

E – Mail address: _____

Web – site address: _____

Date company/business established: ____ / ____ / ____

Company registration number, if applicable _____

Names and addresses of any company or business that any of the above named directors/owners has been, or is currently associated with, jointly or solely, as owner, director, partner or proprietor:

Name of Director: _____

Name of Company: _____

Address: _____

_____ Postcode: _____

Number of employees: _____

Number of installation teams: _____

Is your company/business registered for VAT? YES/NO

If yes, registration number _____

Does your company/business hold sub-contractors UTR? YES/NO

If yes, please supply a copy

Does your company/business possess public liability insurance up to £2,000,000? YES/NO

If yes, please supply a copy

Does your company/business possess employers' liability insurance? YES/NO

If yes, please supply a copy

Full names of all directors/owners: _____

Address: _____

_____ Postcode: _____

Name of Director: _____

Name of Company: _____

Address: _____

_____ Postcode: _____

Please provide details of any court or county court judgement (including bankruptcy) made or currently pending against any of the above named directors or companies:

Director _____

Company Details _____

Please provide the details of any trade association or society of which the company or business is a member:

Please indicate your preferred line of business and please supply references that reflect your skills

Driveways Patios Landscaping

Section Two: References

Please supply the contact details of **two trade references** i.e. suppliers/plant hire companies and **six domestic customers** for whom you have installed a patio or driveway during the past 12 months who may be contacted as referees. These installations must have been secured by the company or business that is applying for membership. Please include a brief description of the installation i.e. Heritage Patio 50m² or Driveline Excel Driveway 80m².

Customer x 6 and a brief description of installation

Name : _____

Address: _____

_____ Postcode: _____

Tel: _____

Brief Description: _____

Name : _____

Address: _____

_____ Postcode: _____

Tel: _____

Brief Description: _____

Name : _____

Address: _____

_____ Postcode: _____

Tel: _____

Brief Description: _____

Trade References x 2

Company Name : _____

Address: _____

_____ Postcode: _____

Name : _____

Address: _____

_____ Postcode: _____

Tel: _____

Brief Description: _____

Name : _____

Address: _____

_____ Postcode: _____

Tel: _____

Brief Description: _____

Name : _____

Address: _____

_____ Postcode: _____

Tel: _____

Brief Description: _____

Company Name : _____

Address: _____

_____ Postcode: _____

Section Three: Financial Probiity

If Partnership or Sole Trader please complete this section. Name, address and date of birth required.

Partner 1

 Date of birth

Partner 2

 Date of birth

I/We confirm that the above information is true to the best of our knowledge.

Where I/we provide you with personal data ("data"), I/we understand that the data will be held securely in confidence and processed for the purpose of carrying out your manufacturing and supplies of construction materials business and associated activities. ("Activities"). In considering my/our application I/we accept that you may consult with and disclose the data to credit referencing agencies, banks, credit insurers and other responsible organisations outside your business that you have nominated ("third parties"), and that such third parties may process the data. We may also make enquiries about the principal directors with a credit reference agency. I/we understand that under the act I/we have a right to know what data you hold on me/us if I/we apply to you in writing and pay the applicable fee.

Declaration (to be signed by all applicants):

I confirm that my company has, and will continue to have, the necessary insurance cover as described in section 1 of the application form and I will supply evidence of cover on request. I understand that continued membership is subject to adherence to the Marshalls Register Membership Agreement and Marshalls assessment criteria.

Print Name:
 Date:

Authorised Signatory:

Please ensure the following documents are enclosed in the envelope and return to:

Marshalls Register, Landscape House, Premier Way, Lowfields Business Park, Elland HX5 9HT Tel: 0870 411 2102 www.marshalls.co.uk

- Evidence of 3rd Party Public Liability Insurance
- Evidence of Employers Liability Insurance
- Company letterhead
- Completed Direct Debit Mandate



The Reference No. boxes will be completed by Marshalls Reference No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Originator's Identification No

6	5	3	1	6	9
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Please complete the remainder of this form in full

Instructions to your Bank or Building Society

Please pay Marshalls PLC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Marshalls PLC and, if so, details will be passed electronically to my Bank/ Building Society.

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Full Postal Address of Bank/Building Society

To: The Manager
 Bank/Building Society
 Address

Post Code

Authorised Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account



This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment dates change Marshalls PLC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by Marshalls PLC or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a direct debit at any time by writing to your Bank or Building Society. A copy of the letter should also be sent to us.