



INDEPENDENT WARRANTY

APPLICATION FORM

Independent Warranty
20 Billing Road, Northampton, NN1 5AW
www.iwa.biz email:sarah@iwa.biz
Tel: 01604 604511 Fax: 01604 604512

Company Name _____

Registration Number _____ Date Established _____

Trading Address _____

Tel. Number _____ Website address _____

Email address _____ Fax No. _____

Employers Liability/Public Liability Renewal Date _____ Please supply copies

1.Principal's full name & address: _____
2.Principal's full name & address: _____

Mobile No: _____ Mobile No: _____

Bankers Name & Address _____

Account Number _____ Sort Code _____

Accountants Name, Address, Fax Number & Email address _____

2 Principle Supplier references (to include phone,fax & email address) or copy invoices

1. _____ 2. _____

Contact name: _____ Contact name: _____

No.of contracts per month: _____ Annual Sales Turnover: £ _____ Average contract value: £ _____

Types of contracts & number installed monthly: _____

Number of Fitting teams: _____ Number of Salesmen: _____

Documentation to be enclosed with completed application form:

- 1.Copies of last 5 completed customer contracts/invoices
- 2. Copy of your Terms and Conditions & Guarantee
- 3. We enclose the Registration Fee of: £ _____

Signature:..... Position:..... Date:.....

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