

Application Form

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DEPOSIT & GUARANTEE PROTECTION

1. Company Information:

Company Name: _____

Registration Number: _____ Date Established: _____

Trading Address: _____

Tel. Number: _____ Website address: _____

Email address: _____ Fax No: _____

Employers Liability/
Public Liability Renewal Date: _____ Is your company part of any
certification scheme? If so which?: _____

[Please supply copies](#)

No. of contracts per month: _____ Annual Sales Turnover: _____

Average contract value: _____ Types of contracts: _____

Number of Fitting teams: _____ Number of Salesmen: _____

2.1. Director/Owner/Partner's full name & address

2.2. Director/Owner/Partner's full name & address

Mobile No: _____ Mobile No: _____

Bankers Name & Address: _____

Account Number: _____ Sort Code: _____

Accountants Name, Address, Fax Number & Email address: _____

3. Principal Supplier references (to include phone, fax & email address) or copy invoices

1. _____ 2. _____

Contact name: _____ Contact name: _____

4. Documentation to be enclosed with completed application form:

1. Copy of your Terms and Conditions & Guarantee

2. We enclose the Registration Fee of: £100.00

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.