



**DEALER ACCOUNT APPLICATION FORM**

Company Name: .....

Trading as (if different): .....

Contact Name: .....

Accounts Contact Name: .....

Company address: .....

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..... Post Code: .....

Good Delivery Address (If different): .....

.....

..... Post Code: .....

Telephone Number: .....

Email: .....

Website: .....

Do you have full time retail premises?  YES  NO (Please note this will be checked)

RFD Number (if applicable): .....

Please state which products you are interested in or mark "All"

ALL

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Any other information you would like to provide to help your application:

(feel free to use a separate sheet if necessary)

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**Please include with your application:**

- Copy of your RFD
- Copy of your company letterheaded paper
- Copy of RCA form if applicable

**We will contact you within 14 working days to inform you if your application has been successful, or if not, a reason will be given.**

***Please make note of our privacy policy and terms and conditions as found on our website [www.ruag.co.uk](http://www.ruag.co.uk)***