

Fake Bake Application Form

T: 08448 56 57 58



Please complete the following information:

Date: _____

Account Holder Name: _____

Business Name: _____

Business Tel: _____

Mobile Tel: _____

E-mail: _____

Company Registration No: _____

VAT No: _____

Home Address:

Town: _____

County: _____

Postcode: _____

Business Address:

Town: _____

County: _____

Postcode: _____

Delivery Address:

Town: _____

County: _____

Postcode: _____

CONFIRMATION

I have been informed of Fake Bake UK Ltd's Terms and Conditions of business (MAR095) and agree to comply.

Signed: _____

Print Name: _____

Date: _____

Remember to include:

Headed notepaper

Registered address

Bank reference

Copy of utility bill with company name on

If you are a Mobile Therapist please return completed forms to: Fake Bake UK Ltd, Unit C, Coalburn Rd, Fallside Ind Estate, Bothwell, Scotland, G71 8DA.

If you are a Salon applicant please contact your Fake Bake representative.