



CUSTOMER ACCOUNT APPLICATION FORM

Company Information

Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:			
Sole Trader <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Limited Co. <input type="checkbox"/>		Other <input type="checkbox"/>	
Trading name & address:			
Registered address:			
Company Registration No:		VAT Registration No:	
Accounts Contact:		Accounts Telephone No:	
Accounts email address:			
Buying Contact:		Buying Telephone No:	
Buyers email address:			
Anticipated level of trade (per month) £:		Credit limit request £:	

Name/Address – (only applicable to sole traders & partnerships)

Last:	First:	Middle Initial:	Title
Name of Business:			Date of birth:
Address:			
Telephone No:	Fax::	Email:	

Bank Details

Bank Name:	
Address:	
Account Name:	
Account Number:	Sort Code:



Trade References

Company Name:	Company Name:
Contact Name:	Contact Name:

Address:	Address:
Phone:	Phone:
Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I also agree that by signing this application form I agree to abide by Community Foods Ltd Terms & Conditions of trade.

Signature (authorised signatory only):.....Print Name:.....

Position Held:.....Date:.....