

APPLICATION TO OPEN ACCOUNT

I wish to open an Account with your Company and authorise you to take credit checks.
ALL relevant sections must be completed before an Account is opened.

1. TRADING NAME & DELIVERY ADDRESS

TEL:
MOBILE:
FAX:
E-MAIL

POST CODE

2. HEAD OFFICE / STATEMENT ADDRESS (IF DIFFERENT FROM ABOVE)

TEL:
MOBILE:
FAX:
E-MAIL

POST CODE

3. SOLE TRADER / PARTNERSHIP NAME, DATE OF BIRTH & HOME ADDRESS

Partner A: NAME:

D.O.B.:

ADDRESS

POST CODE

HOME TEL

Partner B: NAME:

D.O.B.:

ADDRESS:

POST CODE

HOME TEL

4. CONTACT NAMES

Accounts Contact

Manager:

Catering Contact

5. LIMITED COMPANIES ONLY

Registration Name:

Registration Number:

Registered Office Address & Postcode

MOBILE:

6. BANK DETAILS

Name & Address:

Account Number:

Bank Sort Code : / /

Account Name:

Account Type :

7. ACCOUNT PAYMENT TERMS:

I / We agree to pay for all goods supplied within our terms (as stated above). I / We also understand that until Credit Checks have been done all orders will be paid for by credit/debit card upon ordering, and that overdue accounts may be subject to interest charged at 8% per month or part month. All goods remain the property of Harlech Foodservice Limited until paid for in full.

8. SIGNED:POSITION:.....DATE:.....

OFFICE USE ONLY

Prospective Account Number:	
Sales Person:	Telesales Person:
Quotation Done YES / NO	Quotation Confirmed YES / NO
Discount	Customer Type (Eg. SN , MR)
Outlet Type	
DELIVERY SCHEDULE Circle days required	
Summer Call Day/s: M / T / W / T / F / S / S	Delivery Day/s: M / T / W / T / F / S
Winter Call Day/s: M / T / W / T / F / S / S	Winter Delivery Day/s: M / T / W / T / F / S
Rep Remarks:	
Accounts Remarks:	
CREDIT CHECK DONE	CHECKED BY:
Tick Box <input type="checkbox"/>	DATE:
Remember to attach Credit References to this form	