Unit 2

Scotts Close

Downton Business Centre

Wiltshire SP5 3RA

Phone 01725
513398/514090

Fax 01725 513429

Please note:
All sections must be correctly completed in full; otherwise request for credit will NOT be considered.

Applicants must ensure that all details are Correct Application Form must be signed and printed.

CUSTOMER CREDIT APPLICATION

Please return completed form via email to: accounts@premierfish.net / Kamlesh.adams@premierfish.net

Trading name & Delivery address:	Telephone no:
Post code:	Email:

Please State one of the following:

Sole Proprietor ☐ Limited Company ☐

Partnership ☐ Other please state……..

Registered name and registered office address:

(Limited Companies/ Registered Charities/ School/Clubs/ Trusts/ Local Authorities/ Government Body)

Telephone no:

Post code: Email:

Company registration no./ charity no: Date Company incorporated:

Name of Limited Company Name of any holding company

Full name and current home address of directors, partners, or sole trader:

(Please note that this section must be completed in full)

Name:	Name:
Address:	Address:
Post code:	Postcode:
Telephone no:	Telephone no:

Contact name/s for enquires.

Accounts:	Purchasing:
Telephone no:	Telephone no:
Email:	Email:

Trade references:

Name:

Address:

Postcode:

Telephone no and email address:

Name:

Address:

Postcode:

Telephone no and email address:

Please note Makro, Booker and 3663 do not give trade references.

Address/Contact for Accounts/Credit Control Department:

Name:

Address:

Phone number:

Weekly credit limit required: £

Payment: Cash/BACS/chaps.

Declaration (must be signed by a director, proprietor, or partner)

I/ We agree to pay for the goods.

By weekly account within seven days of delivery

I/ We understand that all deliveries will be made on cash on delivery basis prior to the granting of credit and establishing a limit.

I/ We understand that credit facilities may be withdrawn if payment terms are not adhered to, or credit limit is exceeded.

I/We agree that any holding company will be liable for any company debt.

I/ We understand that there will be a charge of **£50.00** for dishonoured or represented cheques.

I/ We understand that if the company does not make payment for invoices, that I/ We as director(s) will become fully and wholly liable as well as legally responsible for the payment of the outstanding balance.

I have read and agree to the company conditions of sale (printed overleaf)

Print Full Name: _____

Preferred Payment Method:

CASH/BACS/CHAPS

Signed: _____

Date: _____

Please note as from the 1st October 2018, no cheques will be accepted by method of payment.