

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: [Info@premierfish.net](mailto:Info@premierfish.net)/[gemma@premierfish.net](mailto:gemma@premierfish.net)

|                                  |               |
|----------------------------------|---------------|
| Trading name & Delivery address: | Telephone no: |
| Post code:                       | Fax no:       |

Please State one of the following ..

|  |  |
|--|--|
| Sole Proprietor <input type="checkbox"/> | Limited Company <input type="checkbox"/> |
| Partnership <input type="checkbox"/>     | Other please state.....                  |

Registered name and registered office address:  
(Limited Companies/ Registered Charities/ School/Clubs/ Trusts/ Local Authorities/ Government Body)

|                                       |                            |
|---------------------------------------|----------------------------|
| Post code:                            | Telephone no:              |
| Company registration no./ charity no: | Fax no:                    |
| Name of Limited Company               | Date Company incorporated: |
| 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:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone no and email address:

Telephone no and email address:

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

Address/Contact for Accounts/Credit Control Department:

Telephone no:

Name:

Address:

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 1<sup>st</sup> October 2018, no cheques will be accepted by method of payment.**