

JAMES CHOCOLATES

Leighton Lane, Evercreech, Shepton Mallet, Somerset, BA4 6LQ
Tel: 01749 831330 Fax: 01749 831370

CREDIT APPLICATION FORM

COMPANY NAME _____

ADDRESS _____

TELEPHONE _____ FAX _____

REGISTERED OFFICE ADDRESS (If Ltd Company) or NAME(S) & ADDRESSES OF OWNER(S)

VAT NUMBER _____

COMPANY NUMBER _____

ACCOUNTS ADDRESS _____

ACCOUNTS TELEPHONE _____ FAX _____

ACCOUNTS CONTACT _____

DO YOU REQUIRE A MONTHLY STATEMENT? YES / NO

TRADE REFERENCES

Please give the names and addresses of two companies with whom you have a credit account and do regular business

COMPANY 1. _____

FAX No. _____

COMPANY 2. _____

FAX No. _____

BANKER'S NAME _____

ADDRESS _____

I/We hereby request that an account be opened for me/us in accordance with the above particulars. I/We agree that all orders given to you, and supplies of goods by you, shall be subject to your Conditions of Sale; and confirm that accounts will be paid in accordance with normal monthly settlement terms.

CREDIT LIMIT REQUIRED £ _____ No. OF YEARS TRADING _____

SIGNED _____ DATE _____

NAME OF SIGNATORY (Block Capitals) _____ Director/Proprietor/Partner

IMPORTANT: Please attach a sample of your letterhead with this form and ensure you fill in FAX numbers for trade references.