



FOOD SERVICES LIMITED



COMMERCIAL CREDIT APPLICATION FORM

Full name of Applicant (and trading name if different).....

Trading address.....

Tel No:.....FaxNo:.....Email:.....

Registered Office (if different from above).....

Business type: Limited Company Sole Trader Partnership

year trading commented.....if Limited Company, Reg. No:.....

If **Partnerships** give **full names** (not initials) and **home address** of **ALL** partners, together with their **dates of birth**.

1.....

2.....

Name of bankers.....Branch.....

Sort Code						
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Account Number											
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Maximum anticipated monthly credit required from us £.....

Name of the person responsible for paying our account on time.....

Telephone No:.....ext:.....

Terms of payment

The Buyer shall pay the total price of the Goods 30 days from the date as stipulated on the front of the sales invoice unless expressed to the contrary in Writing, notwithstanding that delivery may not have taken place or returned.

DECLARATION BY APPLICANT SEEKING CREDIT.

. I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that payment of your invoices is not made by the due date for payment; it may result in the matter being referred to the Credit Protection Association for recovery of the invoice debt; if so, we agree to indemnify you against the cost you incur in referring the matter to CPA to pursue the debt including CPA'S current applicable fees for writing to us, any commission payable by you to CPA, all reasonable incidental cost of recovering the debt and interest as applicable.

. WE/I understand that as part of your assessment of us for the granting of credit, you will send details of our application to the Credit Protection Association plc. Who will search databases to which it has access. It may also search credit reference agency for information relating to us (and in the case of a non-limited business, also relating to the proprietors). The credit reference agency will record the fact of that search in the name of Credit Protection Association plc.

. We/I authorise our bankers to provide an opinion as to our suitability for the requested account.

SIGNED.....NAME (Please print).....

DATE.....POSITION.....

Tele: 020 7353 8241/2

Fax: 020 7583 5208

Email: sales@cspltd.net

Address: 52 Farringdon Street, London, EC4A 4BD