

STAPLE

DAIRY PRODUCTS LTD

Staple Dairy Products Ltd

The Mill House
Main Road
St. Pauls Cray
Orpington
Kent BR5 3HS

Tel: +44 (0) 1689 888700

Fax: +44 (0) 1689 888710

Web: www.stapledairy.co.uk

CREDIT APPLICATION REQUEST		Credit Limit Required:	£
Account Manager		Date:	

Company Full Trading Name		VAT No:	
Principal Trading Address			
Telephone Number		Fax Number	
Invoice / Statement Address: (if different from above)			

If Limited Company	Registered Number:		Date Incorporated	
Registered Office Address				

Is your company a (delete as appropriate)	Partnership	Yes	No	Sole Trader	Yes	No	Date started Trading	
Have you or any partner been declared bankrupt or had a judgement for debt made against you?							Yes	No
If yes please specify: (please use separate sheet if necessary)								
Names and address of all Partners	(please use separate sheet if necessary)							
Partner:								
Partner:								
Partner:								

Delivery address: (If different from above)			
Goods In Contact:		Telephone Number:	
Fax Number:		Email:	
Orders Contact:		Telephone Number:	
Fax Number:		Email:	
Accounts / Finance Contact		Telephone Number:	
Fax Number:		Email:	
Our payment terms are 28 days from invoice date via BACS unless agreed otherwise			

Directors: D. A. Robbins M InstM TEng (CEI), R. S. Stubbins (Secretary), K. W. Palmer.

Registered in England and Wales No: 01881120 VAT Reg: GB 586 6532 96

Continued Over

To be completed by all applicants

Please provide 3 trade referees. These should be companies with whom you are currently dealing and should be relevant to the credit limit you require. (Please note that we **must** have the email address of the accounts contact at your trade referee).

1. Name and full address:			
Tel No:		Email:	
2. Name and full address:			
Tel No:		Email:	
3. Name and full address:			
Tel No:		Email:	

DECLARATION

I confirm that the information given above is true and complete and I authorise you to make any enquiries you deem necessary in connection with this application. I accept and agree to be bound by your terms and conditions of sale if this application is accepted.

I enclose a copy of my latest accounts (audited) and a copy of the business letterhead.

Signed: _____ Dated: _____

Name: (Please print) _____ Position: _____

Once completed, please return this form to the Sales Manager stated at the top of this document.

For Staple Dairy Use Only

For Completion By Account Manager							
Which business sector is this customer part of?							
Is this customer part of a group? If so which group?							
Is there an overrider or other discount agreement?				(if yes please attach copy of agreement)			
Accounts Use Only		Yes		No		Date	
Credit Safe							
Trade Reference							
Terms & Conditions sent							
A/C Code		Terms		Credit Limit		Currency	
Rep		Set up by				Date set up	
Approved by at least 2 of the following:				BS / KP / MB / DAR			
Signature 1:				Signature 2:			