

**Application for Customer Credit**

* **Our policy is to only consider applications for Customer Credit from Businesses**
* **The first transaction with a new Customer will always be on Pro-Forma, payment in advance terms**

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| **Business information** |
| **Trading name** |  | **Registered name(if different)** |  |
| **Nature of Business** |  | **Annual turnover** |  |
| **Legal entity(please circle)** | **Sole Trader** | **Partnership** | **Limited Liability Partnership** |
| **Limited Company** | **Registered charity** | **Other** |
| **Registered number(if applicable)** |  | **VAT number** |  |
| **Registered address** |  | **Trading address(if different)** |  |
| **Postcode** |  | **Postcode** |  |
| **Main telephone number** |  | **Main e-mail address** |  |
| **Bank Name** |  | **Branch** |  |
| **Sort code** |  | **Account number** |  |
|  |  |  |  |
| **Parent Company (if applicable)** |
|  **Trading name** |  | **Registered name(if different)** |  |
| **Registered number(if applicable)** |  | **VAT number** |  |
|  |  |  |  |
| **Accounts Payable / Invoicing information** |
| **Invoicing address(if different)** |  | **Accounts contact** |  |
| **E-mail address** |  |
| **Telephone number** |  |
| **Are Purchase Orders Numbers required?** | **Yes** | **No** |
| **If Yes, how do we get Purchase Order Numbers:** |  |
| **Trade references** |
| **Please give details of two trade references who you have traded with for a minimum of 24 months** |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Postcode** |  | **Postcode** |  |
| **Telephone number** |  | **Telephone number** |  |
| **Contact name** |  | **Contact name** |  |
| **E-mail address** |  | **E-mail address** |  |
| **Period traded?** |  | **Period traded?** |  |
| **Monthly spend** |  | **Monthly spend** |  |
| **Credit limit / terms** |  | **Credit limit / terms** |  |
| **Your agreement with Suffolk Food Hall** |
| 1. By submitting this application, you authorize Suffolk Food Hall to make inquiries into the banking and business/trade references that you have supplied.
2. All invoices are to be paid 30 days from the date of the invoice. This excludes any invoices that require upfront payment such as deposits.
3. Disputes arising from invoices must be made within seven working days to accounts@suffolkfoodhall.co.uk
 |
| **Declaration** |
| **I confirm that I am authorised to sign this form on behalf of the organisation named:** |
| **Name** |  | **Date** |  |
| **Signature** |  | **Position** |  |
|  |  |  |  |
| **Suffolk Food Hall use only** |
| **Date received** |  | **Checked by / Date** |  |
| **Reference 1 requested** |  | **Reference 2 requested** |  |
| **Reference 1 received** |  | **Reference 2 received** |  |
| **Decision** |  | **Name / Date** |  |

**Suffolk Food Hall Limited**; Peppers Lane, Wherstead, Suffolk, IP9 2AB

**Registered in England & Wales Number:** 05980763

**Telephone:** 01473 786610; **E-mail:** accounts@suffolkfoodhall.co.uk