

## NEW CUSTOMER ACCOUNT APPLICATION

Meadowcroft Foodservice Limited upon approval of this application agrees to supply goods to the customer below and you agree to purchase and pay for any such goods.

### Business information

Business Trading Name (this will be the name shown on your account):

Registered Address:

Delivery Address if different from above:

VAT Registration No:

Phone:

Email:

Limited Company

Partnership

Sole Trader

Other

### Complete this section if you are a Limited Company/Charity/Other

Date of Incorporation:

Company/Charity Registered Number:

Name of Company/Registered Charity/Other:

### Business contact information

Contact name and position:

Address:

Phone:

Email:

### Account Contact for Payment

Contact name and position:

Address:

Phone

Email:

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**Credit Applied For**

Monthly Credit Limited Applied for: £

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**Details of the Principle Directors or Proprietors**

Full Name:	Full Name:
Position Held:	Position Held:
Date of Birth:	Date of Birth:
Full Home Address including Postcode:	Full Home Address including Postcode:
Phone:	Phone:

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**Business/trade references**

Company name:	Company name:
Contact name:	Contact name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

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**Agreement**

1. All invoices are to be paid on the 7<sup>th</sup> of the month following the date of the invoice.
2. Any claims arising from invoices must be made within 24hours of receipt of invoice.
3. By submitting this application, you authorise Meadowcroft Foodservice Limited to make inquiries into the business/trade references that you have supplied.

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**Signatures**

Title:	Title:
Date:	Date: