

CUSTOMER ACCOUNT APPLICATION

Private & Confidential

In order to apply for a Nectar account, please provide the following information: (Please use block capitals to complete)

Full name and title of group if applicable		
Full name and title of company		
Trading name		
Address		
	Post Code	
Company No. (if applicable)	VAT No.	
Telephone	Fax	
Website		
How many years established?		
Ltd Company Sole Trader Partnership Other (Please tick as appropriate)		
Delivery address (if different to trading address)		
Post Code		
Any special delivery instructions		
Are the premises Freehold Leasehold Rented (Please tick as appropriate)		
Maximum monthly credit limit required £		
Preferred method of payment Direct Debit Card (for online ordering and payment) (Please tick as appropriate)		
Priced Delivery Note Unpriced Delivery Note		
Person authorised to place orders	Email	
Telephone	Opening times	
·		
Person responsible for payment of account	Email	
Telephone	Office hours	

BANK DETAILS Name of Bank Address Post Code Account name Bank Sort Code Account No.

PLEASE GIVE TWO TRADE REFERENCES

Name		
Address		
	Post Code	
Telephone	Email	
Account No.		
Name		
Address		
	Post Code	
Telephone	Email	
Account No.		

We have received a copy of the company's general terms and conditions of sale and agree to abide by the terms and conditions contained therein and have the authority to sign this application on behalf of the company.	
Signed	Date
Printed Name	Position

PLEASE NOTE: We shall advise you when we have completed our credit checks. This will take a minimum of 2 weeks. Please ensure that all questions have been answered fully to avoid delay. Please also attach a printed sample showing your name, address and VAT No.

FOR OFFICE USE ONLY

Salesperson signature	Date	
Sales record opened	Customer Account No.	
Credit rating		
Application approved by	Date	

Nectar Imports Limited

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