

ELM VALLEY

Merchant Wholesalers

APPLICATION FOR A COMMERCIAL ACCOUNT

Please complete in BLOCK CAPITALS

Your Business Details

Applicant Name:

Company/Trading Name:

Limited Company Name (if different):

Principal Nature of Business:

Trading Address:

Postcode:

Telephone:

Mobile:

Fax:

Email:

Length of time at this address: years months

Type of Business:

Sole Trader/ Partnership/ Limited Company/ PLC/ Other - please specify

Annual Sales:

Vat Number:

Limited Companies Only

Company Registration Number:

Date of Incorporation:

Registered Office Address:

Parent Company:

Elm Valley Foods, The Coldstore, Grove Lane, Elmswell,
Bury St. Edmunds, Suffolk IP30 9HN

0844 484 4428 • sales@elmvalley.co.uk • www.elmvalley.co.uk

VAT Reg: 191700811 • Company Reg: 9107043 • AWRS: XRAW00000105713

ELM VALLEY

Merchant Wholesalers

Directors', Partners' or Sole Trader's Details

Name:

Date of Birth:

Home Address:

Postcode:

Telephone:

Mobile:

Email:

Length of time living at this address:

Years

Months

Name 2:

Date of Birth:

Home Address:

Postcode:

Telephone:

Mobile:

Email:

Length of time living at this address:

Years

Months

Name 3:

Date of Birth:

Home Address:

Postcode:

Telephone:

Mobile:

Email:

Length of time living at this address:

Years

Months

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BANK DETAILS

Bank Name:

Address:

Postcode:

Bank Account Number:

Sortcode:

TRADE REFERENCES

Trade Reference 1:

Trade Reference 2:

Company Name:

Company Name:

Company Address:

Company Address:

Telephone:

Telephone:

Credit Limit:

Credit Limit:

Credit Required:

Period:

Please note that Trade References should be able to speak for a credit figure as above. Your account may be placed on hold if you exceed your agreed credit limit over the credit period.

Accounts & Invoicing Details

Main Contact for Account Enquiries:

Address:

Postcode:

Telephone:

Mobile:

Email to send Statements:

Email to send Invoices (if different):

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I/We agree that all goods supplied remain the property of Elm Valley Foods, until paid for.

I/We agree the credit facility will be on your stated terms and that adherence to this obligation is the essence of the contract between us.

I/We authorise our bankers to provide a bankers opinion as to our suitability for the above amount.

SIGNED:

FULL NAME:

POSITION:

DATE:

FOR AND ON BEHALF OF:

For Internal Elm Valley Use

Account Manager:

Account Number:

Credit Limit Approved:£

Trading Terms: Credit Weekly, Credit Monthly , Cash on Delivery

Other Notes

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