

FRISKA

FEEL GOOD FOOD

CREDIT APPLICATION

FRISKA STORE

Friska Store: Victoria St (BS1) // BBSP (BS16) // Queens Road (BS8) (delete as appropriate)

COMPANY DETAILS

Full Trading Name:.....

Legal Status: Limited // Partnership // Sole Trader // PLC (delete as appropriate)

Full Address:.....

.....

.....Post Code.....

Registered Office (if different):.....

.....

.....Post Code.....

Managing Director / Managing Partner Name:.....

Company Registration No:.....

VAT Registration No:.....

ORDERING DETAILS

Orders Contact Name:.....

Orders Telephone Number:.....

Orders Email Address:.....

ACCOUNTS DETAILS

Accounts Contact Name:.....

Accounts Telephone Number:.....

Accounts Email Address:.....

TRADE REFERENCES

Trade Reference No.1

Name:.....

Full Address:.....

.....

.....Post Code.....

Telephone No:.....

Contact Name:.....

Email Address:.....

Trade Reference No.2

Name:.....

Full Address:.....

.....

.....Post Code.....

Telephone No:.....

Contact Name:.....

Email Address:.....

Please accept this form as my/our application for a credit account.

Signed..... Position:..... Date.....

I/we give my/our consent to a credit search being made on me/us as owner/partner/director of this organisation both now and at a future date.

I/we understand that this search will be recorded by the agency and may be disclosed to subsequent enquirers

OUR STANDARD TERMS ARE 15 DAYS AFTER END OF MONTH OF THE INVOICE

PLEASE EMAIL COMPLETED FORM TO ACCOUNTS@FRISKAFOOD.COM