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New Account Application

Until references have been taken up and you have been informed in writing of a credit account, any transaction must be strictly PRO-FORMA (COD).

Please note: We may be unable to process your account if any information requested below is incomplete

Please Complete in Block Capitals

Trading Name:	
Registered Office Address: _____ _____ _____ Date Incorporated:	
Address (for invoices & statements): _____ _____ _____	
Tel No:	Fax No:
Delivery Address (if different from above): _____ _____ _____	
Company Registered Number:	
Vat Registration Number:	
Bankers Name & Address: _____ _____ _____	
Sort Code:	Account No:

Partners/Proprietors (give name(s) & address(es):

Give three names and address of current trading references:

1 _____

Tel: _____ **Fax:** _____

2 _____

Tel: _____ **Fax:** _____

3 _____

Tel: _____ **Fax:** _____

Contacts in Your Organisation:

Buying: _____ **Transport:** _____

Accounts: _____ **Other:** _____

I / We hereby apply for a monthly credit account facility and agree with the terms and conditions of sale.

Where applicable, I/We agree for you to make all necessary searches with a credit reference agency, which shall not be revealed to a third party.

Signed: _____ **Date:** _____

Printed: _____ **Position:** _____

IMPORTANT: This form must be signed by a duly authorised person.