

Depot

Sales Rep.

FAL / STA / DEV

CUSTOMER CREDIT ACCOUNT APPLICATION

CUSTOMER FULL NAME BUSINESS NAME TRADING ADDRESS					
BUSINESS TELEPHONE NO					
BUSINESS STATUS () LIMITED CO SOLE TRADER PARTNERSHIP GOVT/PUBLIC					
LIMITED COMPANY NAME					
COMPANY REGN NODATE OF INCORPORATION					
FULL NAMES & HOME ADDRESSES OF DIRECTORS (LTD CO), SOLE TRADER OR PARTNERS:					
NAMEADDRESS					
NAMEADDRESS					
NAMEADDRESS					
NATURE OF BUSINESSHOW LONG TRADING					
DO YOU OWN OR LEASE/RENT THE BUSINESS PREMISES (\checkmark) OWN \Box LEASE/RENT \Box					
ACCOUNTS CONTACT NAME					
ACCOUNTS TELEPHONE NOFAX NUMBER					
ACCOUNTS EMAIL ADDRESS					
STATEMENT METHOD (✓) EMAIL POST to address:					
TWO TRADE REFERENCES:					
NAMEADDRESS					
TEL NOEMAIL					
NAMEADDRESS					
TEL NOEMAIL					
EXPECTED MAXIMUM WEEKLY SPEND (£)					
PREFERRED PAYMENT METHOD (\checkmark) WEEKLY DIRECT DEBIT \Box MONTHLY DIRECT DEBIT \Box					
THIS APPLICATION MUST BE SIGNED BY A DIRECTOR/OWNER OF THE BUSINESS					
I/WE AGREE THAT ANY CREDIT ACCOUNT FACILITY WILL BE ON YOUR STATED TERMS AND CONDITIONS OF SALE AS NOTIFIED TO US AND THAT ADHERENCE TO THE TERMS OF THIS FACILITY IS A TERM OF THE CONTRACT BETWEEN YOU AND WESTCOUNTRY FRUIT SALES LIMITED. I/WE UNDERSTAND THAT WESTCOUNTRY WILL SECURELY STORE THESE DETAILS FOR THE PURPOSES OF A TRADING ACCOUNT. (Further details can be found in our Privacy Statement which is published on our website).					
SIGNED:POSITION:					
FULL NAME:DATE:					



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CUSTOMER SALES CONTACTS

CUSTOMER FULL NAME
BUSINESS NAME

Customer Contact Details							
Title:		Name:		Surname:			
Job Role:		Buyer	Yes/No	Sales:	Yes/No		
				Accounts:	Yes/No		
Phone No:				Letter			
Mobile:		Preferred contact Method (✓)	Fax				
Email:			Email				
Fax:			Telephone				
Delivery Schedule							
Optimum	From:		То:]			
Acceptable	From:		То:				

I/we understand that Westcountry Fruit Sales Ltd. will securely store and use my contact details shown above in order to manage my/our trading account and for updates on deliveries & orders and also for any relevant marketing material. I/we understand that I/we can withdraw my consent at any time by emailing gdpr@westcountry.co.uk or by telephoning 01326 372304.

Further details can be found in our Privacy Statement which is published on our website.

SIGNED:

FULL NAME: _____

DATE:

Westcountry Fruit Sales Office Use Only							
Т:О:В:		Cust. Code:	Cust. No.				
Round Allocation:		Alternate:		2nd Run:			
Round Position:							
Telesales Rep:		Fieldsales Rep:					
Call Manager Cycle Contact		Notes					
Daily	Time						
Weekly							
Monthly							
Other							
Ref Required	Yes/No						