



Depot	FAL / STA / DEV
Sales Rep.	

CUSTOMER CREDIT ACCOUNT APPLICATION

CUSTOMER FULL NAME.....
 BUSINESS NAME
 TRADING ADDRESS

 BUSINESS TELEPHONE NO..... FAX NUMBER
 BUSINESS EMAIL ADDRESS.....

BUSINESS STATUS (✓) **LIMITED CO** **SOLE TRADER** **PARTNERSHIP** **GOVT/PUBLIC**

LIMITED COMPANY NAME.....
 COMPANY REGN NO..... DATE OF INCORPORATION.....
 FULL NAMES & HOME ADDRESSES OF DIRECTORS (LTD CO), SOLE TRADER OR PARTNERS:
 NAME..... ADDRESS.....
 NAME..... ADDRESS.....
 NAME..... ADDRESS.....

NATURE OF BUSINESS..... HOW LONG TRADING.....
 DO YOU OWN OR LEASE/RENT THE BUSINESS PREMISES (✓) **OWN** **LEASE/RENT**

ACCOUNTS CONTACT NAME
ACCOUNTS TELEPHONE NO..... **FAX NUMBER**.....
ACCOUNTS EMAIL ADDRESS.....

STATEMENT METHOD (✓) **EMAIL** **POST** to address:.....

TWO TRADE REFERENCES:
 NAME..... ADDRESS.....
 TEL NO EMAIL
 NAME..... ADDRESS.....
 TEL NO..... EMAIL.....

EXPECTED MAXIMUM WEEKLY SPEND (£)

STANDARD PAYMENT TERMS ARE WEEKLY BY DIRECT DEBIT (please complete the attached mandate)

Monthly DD payment terms may be available subject to a detailed credit assessment and approval by the WFS Finance Director.

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 Sales Contact Details				
Title:	Name:	Surname:		
Job Role:	Buyer	Yes/No	Sales:	Yes/No
			Accounts:	Yes/No
Phone No:	Preferred Contact Method (✓)		Letter	
Mobile:			Fax	
Email:			Email	
Twitter:			Telephone	
Instagram:				
Facebook:				
Fax:				
Other:				
Delivery Schedule				
Optimum				
Acceptable	From:	To:		
	From:	To:		

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 gdp@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			
T:O:B:			
Round Allocation:	Cust. Code:	Cust. No.	
Round Position:	Alternate:	2nd Run:	
Telesales Rep:			
Call Manager Cycle Contact	Fieldsales Rep:		
Daily		Notes	
Weekly	Time		
Monthly			
Other			
Ref Required			

