



## APPLICATION FOR CREDIT ACCOUNT

Company Name:	Company Registration No.	Part of a Group  YES/NO	
Trading Name :	Approximate Monthly Spend: £	Trading Since:	
Company's Legal Structure:      Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited <input type="checkbox"/> Plc <input type="checkbox"/>			
Registered Address		Trading Address	
Tel:	Fax:	Tel:	Fax:
Contact Details			
	<u>Name</u>	<u>Telephone</u>	<u>E-mail</u>
Owner/Director			
Owner /Director			
Accounts Dept.			
Chef/Buyer			
Trade References			
Reference 1		Reference 2	
Contact Name:		Contact Name:	
E-mail:		E-mail:	
Tel:		Tel:	

1. I/We agree to the terms and conditions sale.
2. I/We authorise Shield Foods (UK) Ltd to contact trade referees.
3. I/We understand that Shield Foods (UK) Ltd reserves the right to reject the application.
4. I/We understand that personal guarantees may be required if references are unsatisfactory.

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_/\_\_/2013

STATUS /POSITION IN THE COMPANY \_\_\_\_\_

*Please e-mail or fax the application form and send the original in post. Call us for enquiries for completing this form.*



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 📧 [accounts@shieldfoods.com](mailto:accounts@shieldfoods.com)

<b>FOR OFFICE USE ONLY</b>			
Sales Person	Date to Customer	Date Received	Date Account Opened
Credit Limit	£	Terms of Payment	COD / 7 Days / 30 Days
Next review		Approved By:	
ACCOUNTS DEPT RECOMENDATIONS		SALES DEPT RECOMENDATIONS	
Sign:	Date:	Sign:	Date: