

**Stratford Fine Foods Limited**  
 Unit 10, Goldicote Business Park  
 Banbury Road  
 Stratford upon Avon  
 Warwickshire  
 CV37 7NB



Tel: 01789 740094  
 Fax: 01789 740095  
 Email: accounts@stratfordfinefoods.com

**Application for Credit Facilities**

Company Name:

Trading As:

Trading Address (Deliveries):

Invoicing Address: (if different)

Postal Code

Postal Code

**Orders:**

Telephone Number

Fax Number

Email

Contact Name

Opening Times

**Accounts:**

Telephone Number

Fax Number

Email

Contact Name

Preferred Invoicing Procedure:

- 1. Delivery Note/Invoice/Statement to Trading Address
- 2. Delivery Note/Invoice to Trading Address, Statement to Head Office
- 3. Delivery Note to Trading Address, Invoice and Statement to Head Office

Company Reg. No.

Credit Required

Years Trading

Nature of Business

**Sole Trader/ Partnership / Limited Company**

(delete as appropriate)

IF SOLE TRADER/PARTNERSHIP, Please provide full names and addresses of all partners in the blank section on page 2. Should you require more space, continue on a separate sheet

**Trade References** (two required)

1/

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<b>Telephone Number</b>	
<b>Fax Number</b>	

2/

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<b>Telephone Number</b>	
<b>Fax Number</b>	

We are members of The Credit Protection Association



**Data Protection Act 1998**  
 We may make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.

**Bank Name and Address**

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- I/We Authorise our bankers to provide a banker's opinion as to our suitability for the above amount.
- I/We agree that should The Company grant the credit facility applied for above, to abide by the terms of full settlement by **15th day of the month following invoice date**. I understand that the Company, in the case of default by the applicant, reserves the right to cease further deliveries of any goods until such time as all outstanding accounts are settled in full. The Company further reserves the right to withdraw credit facilities in case of default by the Applicant and to take all necessary action for the recovery of all outstanding debts.
- The applicant undertakes to advise the Company of any change in beneficial ownership whereupon the Company reserves the right to take up new references in respect of the new owners.

<b>Account Number</b>	
<b>Sort Code</b>	

**Sole Trader/Partner's Home Address** (Continue on separate sheet if necessary)

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<b>Time at this address</b>	
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**Signed**

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If less than 3 years, supply previous addresses on a separate sheet

**Full Name**

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**Position**

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**Notes:**

**Date**

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