CUSTOMER CREDIT APPLICATION FORM

Please complete and return to

Accounts Dept., Williamson Foodservice, 5 Walker Road, Inverness, IV1 1TD Tel: 01463 236600 Fax 01463 235162 accounts@williamsonfoodservice.co.uk



Please ensure that a sample of your current business letterhead is attached.

TRADING DETAILS (ALL BUSINESSES TO COMPLETE)

| Trading Title | | |
|--------------------|---------------|--|
| Date Established | | |
| Nature of Business | | |
| Trading Address | | |
| | | |
| Postcode | Contact Name | |
| Telephone Number | Fax Number | |
| Mobile Number | Email Address | |

| | CREDIT LIMIT REQUIRED | £ |
|--|-----------------------|---|
|--|-----------------------|---|

SOLE TRADERS AND PARTNERSHIPS

| Full Name | | |
|---------------|------------------|--|
| Date of Birth | | |
| Home Address | | |
| | | |
| Postcode | Home Tel. Number | |
| | | |

| Full Name | |
|---------------|------------------|
| Date of Birth | |
| Home Address | |
| | |
| Postcode | Home Tel. Number |

LIMITED COMPANIES

| Registered Name | |
|--------------------|-------------------|
| Registered Details | |
| | |
| Postcode | Registered Number |

ACCOUNTS DETAILS (if different)

| Invoice / Statement | |
|---------------------|---------------|
| Address | |
| | |
| Postcode | Contact Name |
| Telephone Numbers | Fax Number |
| Mobile Number | Email Address |

Please indicate that you are happy to receive the following by fax or email

| | Quotations | Invoices | Statements | Marketing |
|----------|------------|----------|------------|-----------|
| By Email | | | | |
| By Fax | | | | |

CUSTOMER CREDIT APPLICATION FORM.pdf ver.2017.03

BANK DETAILS

| Bank Name | | |
|-----------|----------------|--|
| Address | | |
| | | |
| Postcode | Contact Name | |
| Sort Code | Account Number | |

TRADE REFERENCES

1st Reference

| Business Name | | |
|------------------|--------------|--|
| Address | | |
| | | |
| Postcode | Contact Name | |
| Telephone Number | Fax Number | |

2nd Reference

| Business Name | | |
|------------------|--------------|--|
| Address | | |
| | | |
| Postcode | Contact Name | |
| Telephone Number | Fax Number | |

TERMS & DECLARATION

I / We confirm that the above details are correct. If a limited company this should be signed by a Director or Company Secretary or if a partnership by one of the partners.

I / We agree that payment will be made by direct debit on the 14th of the month following date of invoice, unless otherwise agreed in writing with a director of The Williamson Group.

I / We agree to the company using a recognised Credit Referencing Agency and contacting the bank and trade references supplied.

I / We understand that accounts that become overdue will immediately be placed on stop, that credit charges of 2.5% will apply to all overdue sums and debt recovery costs will be applied.

I / We agree that this agreement and any contract agreed with The Williamson Group Ltd shall be governed and construed in accordance with the law of Scotland.

| Signature | |
|-----------|--|
|-----------|--|

Name

Position

Date

FOR INTERNAL USE ONLY

| Account Number | | Date Opened | |
|------------------------------------|-------------|----------------------------|---|
| Credit Limit | | Approved Credit Limit | £ |
| Salesperson / Regular Call (ITEC) | | Authorised By (CC) | |
| Customer Service Notified | | Authorised by (Management) | |
| Business Letterhead received | Y / N | Entered on System by | £ |
| Satisfactory Trade References | Y / N | | |
| Credit Reference Agency report rec | eived Y / N | | |





Instructions to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send to:

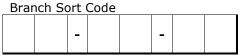
The Williamson Group Ltd t/a Williamson Foodservice 5 Walker Road Longman Industrial Estate Inverness IV1 1TD

Originator's Reference Number

| 6 0 | 0 | 1 | 3 | 4 |
|-----|---|---|---|---|
|-----|---|---|---|---|

Name & Address of Account Holder

Bank Building Society Account Number



Name and full postal address of your Bank or Building Society

| To the Manager | Bank / Building Society | | | |
|----------------|-------------------------|--|--|--|
| | | | | |
| Address | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Postcode | | | |
| | | | | |

Williamson Foodservice Account Number

Instruction to your Bank or Building Society

Please pay The Williamson Group Ltd. Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand this instruction may remain with The Williamson Group Ltd. And, if so, details will be passed electronically to my Bank / Building Society.

| Signature(s) | | |
|--------------|------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| Date | | |
| | | |

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payments change The Williamson Group Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed.

If an error is made by The Williamson Group Ltd or your Bank or Building Society you are guaranteed a full and immediate refund from your branch for the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

