

This form should be completed in **BLOCK CAPITALS**  
Send completed forms to **Marrfish Ltd, 29-31 Stansted Distribution Centre, Bishop  
Stortford, Herts. CM22 7DG**

## CREDIT APPLICATION FORM

Please ensure all sections are completed.

### TO BE COMPLETED BY (CUSTOMER / SUPPLIER SALES REPRESENTATIVE)

Full Legal Title: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Sole Trader       Partnership       LLP

(please tick where appropriate)

Limited Company       Company Reg No       PLC

### STATEMENT ADDRESS:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

### DELIVERY ADDRESS: (if same as statement address, please state)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code \_\_\_\_\_ Phone Number \_\_\_\_\_

### DETAILS OF BUSINESS:

Nature of Business: \_\_\_\_\_ Date Established \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Details of any other Companies/Business managed by the Principals of this application current or past:

## CREDIT and PAYMENTS:

Marrfish Ltd will carry credit checks and references upon your Legal title and/or trading status. An offer of account credit and payment terms are based upon these. Your account will be subject to a 7 or 30 day payment after the date of invoice issued.

**CHEQUES** should be made payable to Marrfish Ltd.

**BACS** payment details will appear on all your invoices.

**CASH** will be required to be paid to your Marrfish driver upon delivery.

**FRESHO**, our ordering app will contact you upon the opening of your account and allows credit card details to be entered for ease of payments within your offered terms.

Please choose below the method with which your company wishes to pay invoices;

Cheque

BACS

Cash

Fresho

## TRADE REFERENCES:

I/We authorise you to take up references at any time from the under mentioned bank and trade sources. **NB:** *(We will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.)*

1. Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BANK DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

## **CONTACT DETAILS**

### **FOR ORDERING.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email \_\_\_\_\_

### **ACCOUNTS DEPARTMENT:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **DETAILS OF OWNER/PARTNERS/DIRECTORS:**

I/We have read, understood and retained a copy of your conditions of sale (including the retention of title clause) and agree to trade in accordance with these for any goods supplied.

I/We accept that title to all goods supplied to us will remain vested in Marrfish Limited until all amounts outstanding from us on any account have been paid in full to Marrfish Limited.

I/We also agree to comply with your settlement terms (specified within your conditions of sale).

I/We understand that Marrfish Limited have the statutory right to interest under the Late Payment of Commercial Debts (Interest) Act 1998 as amended by The Late Payment of Commercial Debts Regulations 2002, if settlement terms have not been adhered to.

1. Name: \_\_\_\_\_ Signature \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Signature \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Signature \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**N.B. IF THE CUSTOMER IS A LIMITED LIABILITY COMPANY, THE CONTINUING GUARANTEE BELOW MUST BE SIGNED BY A DIRECTOR OF THE COMPANY.**

**To: Marrfish Limited**

In consideration to you agreeing to grant credit facilities to the Company, I hereby unconditionally guarantee the due and punctual performance and observance by the Company of its obligations herein under your Conditions of Sale and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company.

**Name:** .....

**Position:** .....

**Signature:** ..... **Date:** .....

## FOR INTERNAL USE ONLY

(To be completed by Sales Representative)

This report should contain key information about a prospective new customer, i.e. length of time in business, size of business, where they have previously purchased goods from, financial information etc.

For account set-up purposes.

Department Sage \_\_\_\_\_

Sage Round Number \_\_\_\_\_

Fresho Round Number \_\_\_\_\_

Group Price List \_\_\_\_\_

Pricing Level \_\_\_\_\_

Special Prices;