

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:

By completing this form you agree to Marrfish Ltd carrying out credit checks and references upon your Legal title and/or trading status and where necessary individuals responsible highlighted. An offer of account credit and payment terms are based upon these. Upon completion of such checks you will be issued with one of the following Cash, 7 or 30 day account with payment falling due 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.

Please provide a proof of address for those signing below e.g. Driving License

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.

Please provide a proof of address for the Director e.g. Driving License

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;