APPLICATION FOR BUSINESS ACCOUNT

|  |
| --- |
| Return this completed application form |
| By Email to | By Post to |
| accounts@premierproducescotland.co.uk | Premier Produce ScotlandStance 2BBlochairn Fruit MarketBlochairn RoadGLASGOW G21 2SQ |

**NAME & ADDRESS OF APPLICANTS**

|  |  |  |
| --- | --- | --- |
| **LAST NAME**Enter here  | **FIRST NAME** Enter here | **MIDDLE NAME(S)**Enter here |
| **LAST NAME**Enter here  | **FIRST NAME** Enter here | **MIDDLE NAME(S)**Enter here |
|  |
| **NAME OF BUSINESS** |
| Enter Here |
| **1ST LINE OF ADDRESS**  | Enter Here |
| **2ND LINE OF ADDRESS** | Enter Here |
| **TOWN / CITY** | Enter Here |
| **POST CODE** | Enter Here |
| **PHONE NUMBER** | Enter Here |
| **MOBILE NUMBER** | Enter Here |

**COMPANY INFORMATION**

|  |  |
| --- | --- |
| **TYPE OF BUSINESS** | Enter Here |
| **LEGAL FORM UNDER WHICH BUSINESS OPERATES** Choose an item. | **IN BUSINESS SINCE** Enter Date Here |
| **IF A DIVISION/SUB-DIVISION/BRANCHNAME OF PARENT COMPANY** Enter Here | **IN BUSINESS SINCE** | Enter Date Here |
| **Name of Principal(s) Responsible for Business Transactions**Enter Here | **Title**Enter Here |
| **Address** | Enter Here. |
| **City** | Enter Here |
| **Post Code** | Enter Here. | **Telephone** | Enter Here. |
| **Name of Principal(s) Responsible for Business Transactions**Enter Here | **Title**Enter Here |
| **Address** | Enter Here. |
| **City** | Enter Here |
| **Post Code** | Enter Here. | **Telephone** | Enter Here. |

**EMAIL ADDRESS**
A valid email address is required to receive Statements by email. If applying for an account by email, this application MUST be emailed from the email address stated and shall be accepted as proof of application.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**TRADE REFERENCES**

|  |  |
| --- | --- |
| Company Name Enter Here | Company Name Enter Here |
| Contact Name Enter Here | Contact Name Enter Here |
| Address  | Enter Here | Address  | Enter Here |
|  | Enter Here |  | Enter Here |
| City | Enter Here | City | Enter Here |
| Post Code | Enter Here | Post Code | Enter Here |
| Phone Enter Here | Phone Enter Here |
| Account Opened Since Enter a date. | Account Opened Since Enter a date. |

**TYPE OF ACCOUNT/CREDIT REQUIRED**

|  |  |
| --- | --- |
| Payment On Delivery |  |
| Weekly Settlement |  |
| 30 Day Credit |  |

If 30 Day Credit Account is required please complete the Bank Reference Section Below.
A 30 Day Credit Account requires that you hereby agree to settle ANY and ALL outstanding balances owed to PREMIER PRODUCE SCOTLAND LTD within the 30 credit period, and hereby accept that failure to do so will incur interested accrued at 1.5% above the base rate of interest agreed by the Bank of England. You also accept that if legal action is required to secure payment of unpaid balances that a levy of 12.5% of the outstanding balance will be sought in regard to legal costs.

**BANK REFERENCES**

|  |  |  |
| --- | --- | --- |
| **Bank Name** Enter Here |  | **Bank Name** Enter Here |
| **Account No** Enter Here |  | **Account No** Enter Here |
| **Sort Code** Enter Here |  | **Sort Code** Enter Here. |
| **Phone** Enter Here |  | **Phone** Enter Here. |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorise the financial Banks listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

I also herby certify that this application is submitted on the full acceptance of the Standard Terms and Conditions for the Supply of Goods and Services from Premier Produce Scotland Ltd.

**Signed**enter BY EMAIL if applying by email

**Date** Click here to enter a date.

**Signed** enter BY EMAIL if applying by email

**Date** Click here to enter a date.