

Hallam Country Fresh Foods Ltd

Enterprise Way, Halfway, Sheffield, S20 3GL
Tel: 0114 2481188 • Fax: 0114 2489712
www.countryfreshfoods.co.uk



Credit Application Form

Company Details

Registered Company Name:

Trading Name:

Registered Office / Company / Business Address

Street: _____

Town: _____

County: _____

Postcode: _____

Telephone No. _____

Email Address: _____

Delivery & Invoice Address (if different from reg.)

Street: _____

Town: _____

County: _____

Postcode: _____

Telephone No. _____

Email Address: (invoices, credit notes, statements)

Date Commenced Trading: _____

Company Registration Number: _____

Trading Style: **Limited** / **Partnership** / **Sole Proprietor**

Proprietors Full Names: _____

Telephone Numbers: _____ Dates of Birth: _____

Account Details

Please confirm how you are going to make payment: **BACS** **Cash** **Cheque** **Credit Card**

Credit Limit Required: £ _____

Credit Terms Required: _____

Our bank details are as follows:

Name: Hallam Country Fresh Foods Ltd

Account Number: 50849537

Sort Code: 20-76-97

Contact Details

Principle Buyer or Purchasing / Catering / Stores / General Manager (delete as appropriate)

Full Name: _____

Mobile: _____

Email: _____

Landline: _____

Finance Manager / Accounts Contact

Full Name: _____

Mobile: _____

Email: _____

Landline: _____

Head Chef

Full Name: _____

Mobile: _____

Email: _____

Landline: _____

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By signing this credit application you agree to Hallam Country Fresh Foods' terms and conditions, details of which are available upon request.

On receipt of this application we will issue a confirmation letter detailing your accepted & agreed credit terms and send it to the email address provided below. Please sign & return this letter to our office to enable us to open your account in full.

We hereby agree to the foregoing*

Applicant Name: _____

Signed: _____

Position: _____

Date: _____

Email Address: _____

***To be signed by the Owner or Director**