

GANDHI ORIENTAL FOODS LTD
GOF HOUSE, UNIT 5, A13 APPROACH (RIMA HOUSE)
RIPPLE ROAD, BARKING, ESSEX, IG11 0RH
020 8593 2286 (6 lines) FAX: 020 8593 4825



Credit Account Application Form

Please enclose a copy of your Letterhead

COMPANY NAME: _____

TRADING ADDRESS: _____

DIRECTOR'S-OWNER'S FULL NAME: _____

RESIDENTAL ADDRESSES OF OWNER'S: _____

TRADING NAME: _____ TYPE OF BUSINESS: _____

LIMITED COMPANY / SOLE TRADER / PARTNERSHIP: _____ VAT REG NO: _____

DATE BUSINESS ESTABLISHED: _____ CO REG NO: _____

REGISTERED OFFICE (Limited Company)

TELEPHONE: _____ MOBILE NO: _____

FAX: _____ EMAIL: _____

CONTACT (PURCHASING): _____ POSITION: _____

CONTACT (ACCOUNTS): _____ POSITION: _____

BANK DETAILS:

NAME: _____

ADDRESS: _____

ACCOUNT NO: _____ SORT CODE: _____

ACCOUNT NAME: _____

TRADE REFERENCES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TRADING LENGTH: _____ TRADING LENGTH: _____

I/We acknowledge and accept the following standard conditions of the sale and trading items unless modified by contact:-

*** Payment terms net 30 days from invoice date.

Signed:

Credit Requested: _____

Full Name: _____

Position Held: _____

Date: _____

We will make certain financial and trading checks on your business based on the above. Provided that these checks prove satisfactory and comply with our company policies, we will inform you that a credit account has been opened.

We reserve the right to ask for payment on a Performa / C.O.D. basis in respect of the first order(s) placed.

Official Use Only:-

Account No:-	Credit Limit:-	Rep Name:-
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