



# CUSTOMER ACCOUNT APPLICATION FORM

Market House, Hopkinson Way, West Portway Business Park  
Andover, Hampshire SP10 3ZES

**ACCOUNTS 01264 321070**

## COMPANY DETAILS

\* Required Fields

Rep/Route Number\*

Trading Name\*

Delivery Address\*

Postcode\*

Proprietor's Name

Proprietor's Address

Company Registration No

Registration Office (Limited company only)

VAT Registration No

## TRADE REFERENCES

Please supply x2 companies that you have traded with for six months plus.

**DO NOT PROVIDE CURRENT FISH OR MEAT SUPPLIERS**

### TRADE REFERENCE 1

Contact Name\*

Company Name\*

Company Address

Telephone\*

Email\*

### TRADE REFERENCE 2

Contact Name\*

Company Name\*

Company Address

Telephone\*

Email\*

## PAYMENT DETAILS

\* Required Fields

### Preferred Credit Terms (Tick one)

Payment on Delivery      Weekly Account      Monthly Account

### Payment Methods (Please select your preferred option)

Cash/Card

Cheque

Please make cheques payable to **Cooper Foods Ltd**

Direct Debit

Please note that a separate D/D form must be completed and the original returned to **Cooper Foods Ltd**

BACS

Please use the following details:  
**Barclays Sort Code 20-97-19**  
**Account Number 10267473**

Order Contact (Chef)\*

Mobile Telephone

Email\*

Accounts/Payments Contact\*

Mobile Telephone

Email\*

Requested credit limit (£)\*

## DELIVERY DETAILS

Can the goods be door stepped?      Yes      No

If Yes, where can they be left?

What is the door/gate code?

Are you able to provide a key?      Yes      No

If Yes, where can we collect this from?

## TERMS AND CONDITIONS

On completing a credit application form for Cooper Foods, you are agreeing to the following statement: I am duly authorised by the applicant business to enter into this credit agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the terms stated by Cooper Foods thereon. We recognise that if payment of your invoices is not made by the due date for payment, it MAY result in the matter being referred to the COUNTY COURTS for the recovery of the invoice debt. If that is the case, we agree to indemnify you against any and all costs that you incur in referring the matter to the HMCS in order that they pursue the debt including the HMCS's current application fees and all reasonable costs of recovering the debt and interest as applicable.

We/I understand that, as a part of your assessment for us for granting credit, you will send details of your application to a credit reference agency for information relating to us (and, in the case of a non-limited business, also of the proprietors).

Full Name\*† \_\_\_\_\_

Date \_\_\_\_\_

† By entering your name, you are agreeing to the above Terms and Conditions