



ADES LTD

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CUSTOMER APPLICATION FORM

PLEASE COMPLETE IN BLOCK PRINTED CAPITALS *Date Received By Credit Control.....*

Type of Account required (Cash/Pro Forma/ Credit) _____ If Credit - Monthly Credit required £ _____

Trading Name: _____

Trading /Delivery Address: _____

Post Code: _____ Tel No. _____

Fax No. _____ Email Address: _____ Website: _____

Person full name responsible for paying accounts: _____

Person Responsible For Paying Accounts Full Home Address: _____

Post Code: _____ Tel No. _____

Fax No: _____ Mobile No. _____

Email Address: _____

Company Status (Please Tick Appropriate)

Limited Co. _____ Sole Proprietor _____ Partnership _____ Other (Please Specify) _____

PART OF A GROUP OR CONSORTIUM: please state: _____

If you are trading as a Limited Company please provide the following information.

Company Name: _____ Company Registration No: _____

Registered Office Address: _____

Post Code: _____

Directors Details

Mr/ Mrs/Ms (other) _____ First Name: _____ Surname: _____

Full Address: _____

Post Code: _____ Mobile No. _____ Email: _____

If you are trading as a Sole Proprietor or Partnership please provide the following information.

Partner One

Mr/ Mrs/Ms (other) _____ First Name: _____ Surname: _____ D.O.B. _____

Full Address: _____

Post Code: _____ Tel. No. _____ Email: _____

Partner Two

Mr/ Mrs/Ms (other) _____ First Name: _____ Surname: _____ D.O.B. _____

Full Address: _____

Post Code: _____ Tel. No. _____ Email: _____

Type of Business: Wholesale / Distribution / Manufacturing / Multiple Retail / Export / College / University / Caterer / Deli/Shop / Pub / Hotel / Pizza / Café / Wine Bar / Club – Other – please state: _____

How long has the business been established? _____

How long has the business been under present ownership? _____

Name & Address of Principal Bankers: _____

_____ Account No. _____ Sort Code: _____

Full Address for Deliveries/Invoices if different from the above given Trading Address: _____

Post Code: _____ Tel. No. _____ Fax No. _____

Contact Name: _____ Mobile No. _____ Email: _____

Please provide details of two suppliers with whom you hold credit account facilities and order goods regularly. (Credit Account Applications Only)

Supplier Name: _____ Supplier Name: _____

Address: _____ Address: _____

Post Code: _____ Tel. No. _____ Post Code: _____ Tel. No. _____

Unit Details

Contacts

Name of person who places orders: _____ Tel. No. _____

Fax No. _____ Email: _____ Mobile Tel No. _____

Buyer

Manager

Email promotions and offers; please enter here the email address that you would like us to inform you of promotions and special offers along with other information:

@

Delivery Details

Delivery Contact

Direct delivery phone number: _____ Direct delivery fax number: _____

Booking in required: YES - NO

Booking in Tel phone number: _____ Preferred booking in day: _____

Pallet type required: EURO – CHEP – STANDARD GB (White)

Unloading restriction apply: RED ROUTE – Other: _____

Special instructions: _____

Declaration: I agree to the attached detailed terms & conditions of trading and confirm that I am authorised to agree to the terms.

Signature: _____ Full Name (block capitals): _____

Position (Job Title): _____ Date: _____