Penta Foods Limited Purveyors of the World's Finest Foods

Head Office Address

Penta House, Lynchford Lane Farnborough Hants GU14 6JD

Tele: 0845 0510223 **Fax:** 08450510224

Manchester Depot Address
6-9 Barton Business Park
Cawdor Street
Eccles
Manchester
M30 0QR

 $\textbf{Website:}\ \underline{www.pentafoods.com}$

APPLICATION FOR CREDIT ACCOUNT

Trading Name and address:	Accounts address:			
Tel No.:	A/Cs Tel:			
Fax No.:	A/Cs Fax:			
E-mail:	A/Cs E-mail:			
Chef/Kitchen E-mail:				
Website address:				
Co. Reg No.:				
VAT No.				
Registered Name (if different and registered office address)				
Tregistered I tallie (in animore and registered office address)				
Type of Premises – ie Hotel/Restaurant/Catero	er/Educational Institute			
Type of Business – Limited Co./Partnership/Sole Trader/Co-Operative/Other				
How did you hear about Penta Foods: Internet/Van/Recommendation/Magazine/Other				
110w did you near about 1 chta 1 oods. Internet/ van/Recommendation/Magazine/Other				
Directors/Partners/Proprietors Name & Address:				
Directors/1 artifers/110prictors (value & Address.				
Tal Maža.				
Tel No's: E-mail:				
Date of formation:				
Date of formation:				











No. of Locations:				
No. of Employee	es in Group:			
Annual Turnove	r:			
(Please provide s	set of latest submit	tted accounts)		
	terms will be det		n credit account	annlication
	lain Account – Na			иррисации
Dunk Holding W	am recount ru	ine and Dranen 71	daress	
Trade Referenc				
Company Name				
Company Name	and Address.			
Contact:		Tel. No:		
Contact.		101.140.		
Position/Title:		E-mail:		
Trade Reference	<u>, , , , , , , , , , , , , , , , , , , </u>	L-man.		
Company Name				
Company Name	& Address.			
Contact:		Tel. No:		
Contact.		101.110.		
Position/Title:		E-mail:		
T OSITION/ TITLE.		L-man.		
Please state the a	mount of monthly	v credit required:		
			mined by credit cl	neck results
Please note that Account Credit Limits will be determined by credit check results Estimated Annual Spend:				
Estinated Alinual Spend.				
Method of Settlement: Chq/BACS/Credit Card/Other – Please specify				
Method of Settlement. Chq/BACS/Credit Card/Other – Flease specify				
Person/s authorised to place orders on your behalf (include names and job titles)				
Terson's authorised to prace orders on your behalf (include fiames and job titles)				
Please list delive	ery requirements:			
Days and	Door Step	Key	Loading	Other
Times	Procedures	Procedures	Restrictions	Other
Times	Trocedures	Troccaures	Restrictions	
			i	İ

Note: Payment terms will be determined based on credit account application









Please note that applications cannot be processed unless fully completed. Once received, account applications may take 5-7working days to process.

Declaration by applicant:				
I/we hereby request to open a credit account on behalf of				
By placing an order you are acknowledging that you have read, fully understand and accept our terms and conditions of trading. The attached terms and conditions must be signed and dated by an authorised person, then returned to our accounts department before your account can be opened. This agreement supersedes all other agreements that may be in place unless explicitly authorised by two directors of Penta Foods Ltd. Full name and title of person authorised to make application				
Signature:	Date:			
Print Name:	Position:			
Please note that applications cannot be preceived, account applications may	· · · · · · · · · · · · · · · · · · ·			

Note: Payment terms will be determined based on credit account application









