

LLOYDS FOODSERVICE - TRADING APPLICATION

(FILE : Sales/Trading Application)

Business Name :			
Address :			
Postcode			
Telephone :		Fax :	
E-Mail Address :	If Head Office address is different please put it on the back of this form.		

Type of Business
(tick appropriate box)

Sole Trader
Partnership
Limited Company

Details of Owners / Partners / Directors

Please fill in Personal Details below (Include all Partners/Directors) :

Name		Name	
Home Address		Home Address	
	Postcode :		Postcode :
Telephone		Telephone	
No. yrs resident		No. yrs resident	
<i>*If resident less than 3 years please give previous address on back of form</i>			

Details of Owners / Partners / Directors

Please fill in Personal Details below (Include all Partners/Directors) :

Name		Name	
Home Address		Home Address	
	Postcode :		Postcode :
Telephone		Telephone	
No. yrs resident		No. yrs resident	
<i>*If resident less than 3 years please give previous address on back of form</i>			

Limited Company Details

Registered Name	
Registration Number	
Date of Incorporation	

Trade References - Please Supply 2 Trade References :

Name		Name	
Address		Address	
Tel. No.		Tel. No	
Fax.No.		Fax. No.	

BANK DETAILS

Bank Name :	
Bank Address :	
	Postcode :
Account Number :	
Sort Code :	

CREDIT REQUIREMENTS : (please complete the appropriate boxes)

No Credit required – Cash on delivery only <i>(please tick if appropriate)</i>	
Weekly Account (Pay one week behind) <i>(please tick if appropriate)</i>	
Monthly Account (Payment due by 14 th of Month following) <i>(please tick if appropriate)</i>	
Amount of Credit required	£
We agree to pay by Direct Debit	YES / NO

DATA PROTECTION ACT 1998

“We may make a search with a credit reference agency, which will keep a record of that search, and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency”

Proprieters Declaration

- 1) I have read and understand the terms and conditions of trading as set out in the brochure of A&R Lloyd (Frozen Foods) Ltd and agree to be bound by them.
 - 2) I/We agree that any credit account facility will be on your stated terms and that adherence to this obligation is the essence of the contract between us.
 - 3) I/We authorise our bankers to provide a bankers opinion as to our suitability for the amount of credit requested.
 - 4) I/We accept that title to all goods supplied to us will remain vested in A&R Lloyd (Frozen Foods) Ltd until all amounts outstanding from us on any account have been paid in full to A&R Lloyd (Frozen Foods) Ltd and that , should any of these goods be sold by me/us prior to property in them passing to me/us, I/we will hold the proceeds of sale in trust for A&R Lloyd (Frozen Foods) Ltd.
 - 5) I/We understand that A&R Lloyd (Frozen Foods) Ltd have the statutory right to interest under the Late Payment of Commercial Debt Regulations 2002, if settlement terms have not been adhered to.
- *****THE BOXES BELOW MUST BE SIGNED BY AN OWNER OR DIRECTOR*****

Signature :		Date :	
Name (Block Capitals) :		Position :	
For and on behalf of : (The Company)			

IF THE CUSTOMER IS A LIMITED LIABILITY COMPANY, THE CONTINUING GUARANTEE BELOW MUST BE COMPLETED AND SIGNED BY A DIRECTOR OF THE COMPANY

To : A&R Lloyd (Frozen Foods) Ltd

In consideration of you agreeing to grant credit facilities to the Company, I hereby unconditionally guarantee the due and punctual performance and observance by the Company of its obligations herein under your conditions of Sale and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company

Name : _____ (Block Capitals)

Position : _____ Company Name : _____

Signature : _____ Date : _____

Office Use Only :

COD account - no checks required			
Credit required :			
Limited Company - Authorised credit limit from Status check			£
Bankers opinion requested (date)		Bankers opinion returned (date)	
Is Bankers Opinion satisfactory ?	YES/NO	Credit Authorised	YES/NO
Account Code :		Account Manager :	
Notes :			



Instruction to your Bank or Building Society to pay Direct Debits.



Originators Identification Number

8 3 0 8 7 2

Please fill in the whole form and send it to:

A. & R. LLOYD (FROZEN FOODS) LIMITED

5 Winsford Way, Sealand Industrial Estate, Chester CH1 4NL

1. Name and full postal address of your Bank or Building Society branch

Form for bank details including fields for To: The Manager, Bank or Building Society, Address, and Postcode.

2. Name(s) of account holder(s)

Empty box for account holder name(s).

5. A. & R. LLOYD (FROZEN FOODS) LIMITED reference number (copy from enclosed bill)

Empty box for reference number.

3. Branch sort code (from the top right hand corner of your cheque)

Form for branch sort code with three pairs of boxes.

6. Instruction to your Bank or Building Society

Please pay :

A. & R. LLOYD (FROZEN FOODS) LIMITED

Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee.

4. Bank or Building Society account number

Form for bank or building society account number with eight boxes.

Form for signature and date with lines for Signature(s) and Date.

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.