

**Application for Account Facilities**

Company Name and Trading Address

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.....  
Post Code.....  
Tel No.....  
Fax No.....  
Email Address.....  
Web Address.....

Trading Style – Sole Trader/Partnership/Ltd Co

.....  
Registered Office(Ltd Co Only)  
Home Address(Sole Trader/Partnership)  
.....  
.....  
.....  
Post Code.....  
Company Reg No.....  
Year Of Registration.....  
Number of years trading.....

Contact Names

.....  
.....

Type of Business

.....  
.....

Bank Details

Name and Address  
.....  
.....  
.....  
.....  
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Account No \_\_\_\_\_  
Sort Code \_\_\_\_\_  
Name in which Account Held  
.....  
Accounts Dept Contact.....  
.....

Credit Applications will be subject to searches with a credit reference company, including its principal Directors, a record of that search may be shared with other businesses.

Trade References

Name..... Name.....  
.....  
.....  
.....  
.....  
.....  
Tel No..... Tel No.....  
Contact..... Contact.....

I request a 21day credit facility with Candy Carriers which will be subject to Candy Carriers Terms & Conditions of Trading.

Full Name.....  
Signature.....  
Position.....  
Date.....

This form should be signed by:  
If a Ltd Co – A Director, Company Secretary  
If Partnership – Partner Only  
If Sole Trader – The proprietor Only

Please sign and return including a copy of headed note paper. If there is a requirement for specific Invoice instructions: e.g. Order Numbers . Please complete below:

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