

Apply For An Account



0844 33 500 40 www.candycarriers.com

Email: sales@candycarriers.com

Account Application Form

Please print this page, and the Request for Status form,
fill in both and return to us by post

Company Name and Trading Address

.....
.....
.....
Postcode
Tel No
Fax No
Email Address
Web Address

Contact Names

.....
.....
.....

Trading Style - Sole Trader/Partnership/Ltd Co

Registered Office (Ltd Co Only)
Home Address (Sole Traders/Partnership)

Postcode
Company Reg No
Year of Registration
No of Years Trading

Type of Business

.....
.....

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

Trade References

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

I request a 21 day 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 Ltd Co - A Director or Company Secretary
- If Partnership - Partner only
- If Sole Trader - The proprietor only

Bank Details

Name and Address	Account No
.....	Sort Code
.....	Name in Which Account Held
.....	Accounts Dept Contact
.....

Please include with the two forms a copy of your headed note paper. If there is a requirement for specific Invoice Instructions e.g Order Numbers. Please complete below

.....
.....

PLEASE NOTE: To finalise your application it will also be necessary to complete the REQUEST FOR A STATUS ENQUIRY form.

Request For a Status Enquiry

CANDY CARRIERS 
Tel: 0844 33 500 40
Web: www.candycarriers.com
email: sales@candycarriers.com

Enquiry to: **The Manager**

Bank Name:

Address:

.....

.....

Tel No:

Account No: Sort Code:

Enquiry From:

Candy Carriers Ltd

Unit 2, Sheet Glass Road,

Queenborough,

Kent ME11 5AP

Tel: 01795 426999 Fax: 01795 426033

Information requested on:

Customer:

Address:

.....

.....

Tel No:

Purpose: **Credit Facility**

Total Amount Requested: £

Frequency: **21 day Payment Terms**

Signed: Date:

(Candy Carriers)

Consent to be signed by Applicant

I Hereby give consent that the credit status of
(applicant representative) (name of company)

be given at the request of Candy Carriers for the purpose of an account facility and for no other reason.

Signed: Date:

Company:

POD

(Proof Of Delivery)

We are able to send Proof of all Direct Deliveries, within minutes of completion. You automatically receive a copy via e-mail. This is designed to make it easier for you to track your deliveries and save you precious time by not having to call and ask for information.

All we would need to set up your new POD account would be for you to fill in three items of information (see below), it's that simple.

Company Name: _____

Contact Name: _____

E-mail address: _____