

Account Application Form

Cadbury Gifts Direct
9 Barugh Close
Barker Business Park
Melmerby
Ripon
HG4 5NB
Tel. 01765 607050/70 Fax: 01765 640 184
Registered in England 453174 VAT No. 169 7254 24



Trading Name / Title: _____
Main Company Address: _____
Telephone: _____ Fax: _____ Website: _____

1. Legal Structure (please tick) Sole Trader Partnership Incorporated Company
Other, please state: _____
2. Nature of Business: _____
3. If an Incorporate Company: Registration No: _____ Date of Incorporation: _____
4. If a Partnership or Sole Trader - Full names and Private Addresses:
i) _____
Telephone: _____ Mobile: _____ How Long at this address? ____ Yrs ____ Months
ii) _____
Telephone: _____ Mobile: _____ How Long at this address? ____ Yrs ____ Months
5. Credit Required: Initially: £ _____ within 6 months: £ _____ within 12 months: £ _____
6. Payment Method:
Cheque BAC's CHAPS Transcash Direct Debit Standing Order Other
7. Name of Contact for Accounts: _____
8. Bankers: Name: _____
Address: _____
Tel No. _____ Contact: _____
SORT CODE ACCOUNT NUMBER
9. Trade References:
a) Company: _____
Address: _____
Tel: _____ Fax: _____ Contact: _____
Annual value of credit: £ _____ Date account opened: _____
a) Company: _____
Address: _____
Tel: _____ Fax: _____ Contact: _____
Annual value of credit: £ _____ Date account opened: _____

We confirm the above details are correct and apply for a credit account to be opened and understand that all payments will be made within the credit terms agreed.
Full Name (BLOCK CAPS): _____ Signature: _____
Position: _____ Date: _____

DATA PROTECTION ACT: Under no circumstances will the information provided on this form be passed on to any third party companies.

PLEASE COMPLETE AND FAX TO: +44 (0) 1765 640 184