



NEW ACCOUNT APPLICATION FORM

	Title	First Name(s)	Surname
NAME OF APPLICANT (PERSON RESPONSIBLE FOR PAYING INVOICES)			
TRADING NAME & ADDRESS			
POSTCODE			
PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)			
POSTCODE			
PLEASE TICK APPROPRIATE	LTD COMPANY <input type="checkbox"/>	NON-LTD COMPANY <input type="checkbox"/>	
	INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	
COMPANY NUMBER (ONLY IF LIMITED COMPANY)			
NAMES & ADDRESSES OF ALL PARTNERS (ONLY IF PARTNERSHIP)			
DELIVERY CONTACT & TEL. NUMBER			
E-MAIL ADDRESS			
ACCOUNTS CONTACT & TEL. NUMBER			
E-MAIL ADDRESS			
DELIVERY ADDRESS 1)			
DELIVERY ADDRESS 2)			
VET NAME			
	PHONE	FAX	
PAYMENT TERMS	7 DAYS <input type="checkbox"/>	14 DAYS <input type="checkbox"/>	
	21ST OF MTH FOL. DEL. <input type="checkbox"/>	UPFRONT ONLY <input type="checkbox"/>	
PAYMENT METHOD	DIRECT DEBIT <input type="checkbox"/>	CARD/CASH <input type="checkbox"/>	
	BACS <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	
BANKERS NAME AND BRANCH			
TRADE REFERENCES 1)			
2)			
HOW DID YOU HEAR ABOUT US?			
GUARANTOR FULL NAME			
ADDRESS & POSTCODE			
CONTACT NUMBER			

AMOUNT OF CREDIT REQUESTED	MONTHLY - MAXIMUM £	AVERAGE £	
Type of stock kept?			
Type of product ordered?			
Average monthly required tonnage?			
ACREAGE	OWNED	RENTED	
Are you willing to accept electronic invoices?	YES	<input type="checkbox"/>	NO <input type="checkbox"/> (Please tick appropriate)
Are you willing to accept marketing communications?	YES	<input type="checkbox"/>	NO <input type="checkbox"/> (Please tick appropriate)
Any overhead cables or height restrictions?			
Any restriction on lorry size?			
Is there a fork lift on site?			
Delivery time restrictions?			
SIGNATURE OF APPLICANT	DATE		
AREA MANAGER			
OFFICE USE			
Account No	Credit Limit	Signature	Date

**I have read and agreed to W L Duffield & Sons Ltd and Duffields (South West) Ltd Terms and Conditions
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