



Matthew Stevens

—fresh fish & seafood specialists—

ACCOUNT APPLICATION FORM



Penbeagle Industrial Estate,
St Ives, Cornwall, TR26 2JH

Tel: 01736 795135

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HELLO!

Thank you for opening an account with Matthew Stevens.

This document includes very important details that we require from you and information which you need to keep. Please fill in all sections and tick boxes accordingly so we can provide you with the best possible service.

TELL US ABOUT YOUR BUSINESS

Trading Name:

Contact Name:

Address:

Post Code:

Telephone Number:

Fax Number:

Email Address:

Website Address:

Business Set Up: Sole Trader Partnership Limited Company
(Please tick)

MONTHLY STATEMENT ADDRESS

Business Name:

Contact Name:

Address:

Post Code:

Telephone Number:

Fax Number:

Email Address

COPY INVOICE ADDRESS (If required for additional accounting purposes)

Business Name:

Contact Name:

Address:

Post Code:

Telephone Number:

Fax Number:

Email Address:

BANKER'S INFORMATION

Name:

Address:

Sort Code:

Account No:

Bought Ledger

Contact Name:

Tel:

EXISTING SUPPLIER REFERENCES

We require three trade supplier references that we will write to and confirm your credit worthiness. Please list three suppliers that you currently trade with and have done so for over one year on a credit basis.

Reference One:

Business Name:

Contact Name:

Address:

Post Code:

Telephone Number:

Fax Number:

Email Address:

Reference Two:

Business Name:

Contact Name:

Address:

Post Code:

Telephone Number:

Fax Number:

Email Address:

Reference Three:

Business Name:

Contact Name:

Address:

Post Code:

Telephone Number:

Fax Number:

Email Address:

We will be asking them the following questions:

1. How long have they traded with you?
2. Do they have a credit limit with you and if so, how much?
3. Have they ever had any problems with payment?
4. Do they know of any reason why we should not offer credit to you?

DECLARATION

I/We apply to open an account with M Stevens and agree to abide by their Terms & Conditions of business. We confirm that all outstanding debt will be cleared by the 15th of each month.

I/We confirm that the information provided in this document is correct. Therefore, M Stevens will act accordingly, based on the options I have chosen for preferred communication channels and out of stock alternatives.

Name:Position:

Signed:Date:

