

Account Application Form



PLEASE RETURN THIS FORM TO:
ChoicesUk Trade, Queen Street, Burton on Trent, DE14 3LP

Please complete all sections of this form

Is this an application for: (please ✓)

Limited Company

Sole Trader or Partnership

Library/Charity

Full Company Name:

Trading Address:

..... Post Code.....

Reg. Office (if different from above):

.....

Date of Incorporation and Registered Number/Charity Number:

V.A.T Registration Number:

If a Subsidiary, Name of Ultimate Parent company:

Address:

.....

I of

Will accept full responsibility for all debts incurred whilst trading with ChoicesUK Group Ltd

Signed: Date:

Name: (Mr/Mrs/Miss/Ms) Date of Birth:

Private Home Address:

..... Post Code

Name of Partner: (Mr/Mrs/Miss/Ms) Date of Birth:

Private Home Address:

..... Post Code

Account Application Form



Tel No:

E-Mail:

Nature of Business:

Estimated Monthly Spend & URL:

If paying by buying group, state name of group and membership number:

.....

Please state if this application is for: (please ✓)

Retail

Rental

Payment

Please select payment type: (please ✓)

Credit/Debit Card

Direct Debit (see page 4)

ID's

A copy of the following ID's are required (*Sole Trader/Partnership only*):

1. Passport or driving license with photo
2. Business & Home Utility Bill

* Note* applications will not be considered with relevant sections of the form incomplete and/or documentation and ID's missing.

I understand that the information contained in this form will be stored on a database by ChoicesUK and used to perform a credit check with an accredited agency and that the results of that check will also be stored.

Signed:

Name (in capitals):

Position in Company/Business:

Date:

.....

Office Use Only: Account No: _____	Agreed Credit Limit: _____
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Account Application Form



Additional Delivery Site 1:

Business Name:

Contact Name: (Mr/Mrs/Miss/Ms)

Address:

.....

..... Post Code

Contact Number:

Additional Delivery Site 2:

Business Name:

Contact Name: (Mr/Mrs/Miss/Ms)

Address:

.....

..... Post Code

Contact Number:

Additional Delivery Site 3:

Business Name:

Contact Name: (Mr/Mrs/Miss/Ms)

Address:

.....

..... Post Code

Contact Number:

* Note* if any other additional delivery sites are required please use additional pages.

Account Application Form



Originators Identification number 930961

INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY DIRECT DEBITS

REFERENCE NUMBER To be quoted on ALL correspondence

1. To The Manager Bank Building Society
Address
.....
..... Post Code

2. Name(s) of Account Holder(s)
.....

3. Sort Code

		-			-		
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4. Account Number

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Banks/Building Societies may refuse to accept instructions to pay Direct Debits from some types of account

Your Instructions to Bank/Building Society, and Signature.

- I instruct you to pay direct debits from my account at the request of Choices UK Group Ltd.
- The amounts are variable and may be debited on various dates.
- I understand that Choices UK Group Ltd may change the amounts and dates only after giving me at least seven days prior notice.
- I will inform the bank/building society in writing if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

5. Signature(s)	Date
.....	Date