

# Apply For An Account



**0844 33 500 40** [www.candycarriers.com](http://www.candycarriers.com)

Email: [sales@candycarriers.com](mailto: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 .....

## Contact Names

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

## Trading Style - Sole Trader/Partnership/Ltd Co

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

.....  
.....  
.....  
Postcode .....

## 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 Ltd which will be subject to Candy Carriers Ltd 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

Enquiry to: **The Manager**

Bank Name: .....

Address: .....

.....

.....

Tel No: .....

Account No: ..... Sort Code: .....

Enquiry From:

**Candy Carriers Limited  
Unit 2, Sheet Glass Road,  
Queenborough,  
Kent ME11 5AP  
Tel: 0844 33 500 40  
Registered in England No: 4682671**

Information requested on:

Customer: .....

Address: .....

.....

.....

Tel No: .....

Purpose: **Credit Facility**

Total Amount Requested: £ .....

Frequency: **21 day Payment Terms**

Signed: ..... Date: .....

(Candy Carriers Ltd)

## 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 Ltd 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: \_\_\_\_\_