



NEW CUSTOMER ACCOUNT APPLICATION

If you wish to open a DELTA account, please complete and return with a sample of your official company letterhead.

COMPANY DETAILS

Full Company Name.....

Trading Name (if different).....

Type of Company (please tick) Limited Company PLC Government Dept/Institution /Professional Body
 Partnership Sole Trader Other (please state).....

Company Registration Number..... Established..... No. of Employees.....

Nature of Business.....

Do you have a parent or holding company? If so, please give details

Company Name.....

..... Holding Company Reg No.....

BUSINESS ADDRESS DETAILS

Address.....

.....

..... Postcode.....

Tel (inc STD)..... Fax (inc STD).....

WHO IS YOUR PURCHASING CONTACT? Please complete their full name below:

Mr/Mrs/Miss/Ms..... Tel (inc Extension).....

E-mail.....

Do you wish goods to be supplied against Official Order only? Yes No

INVOICING / STATEMENT ADDRESS (if different to business address)

Company Name.....

Address.....

..... Postcode.....

Tel (inc STD) Fax (inc STD).....

E-mail.....

WHO IS YOUR ACCOUNTS CONTACT? Please complete their full name below:

Mr/Mrs/Miss/Ms..... Tel (inc Extension).....

DELIVERY ADDRESS (if different to business address)

Company Name.....

Address.....

..... Postcode.....

Tel (inc STD) Fax (inc STD).....

WHO IS YOUR GOODS INWARDS CONTACT? Please complete their full name below:

Mr/Mrs/Miss/Ms..... Tel (inc Extension).....

Please complete any delivery information (e.g. specific delivery times, gate no. etc):.....

.....

BANK DETAILS

Bank/Building Society Name..... Bank Account No.....
Account Name..... Bank Sort Code.....
Bank Address.....
..... Postcode.....
Method of payment (please tick) Cheque BACS – full details will be forwarded to you
Anticipated Monthly Purchases (please tick) £250+ £500+ £1000+ £2000+ £5000+

INDEPENDENT TRADE REFEREES

Contact Name..... Contact Name.....
Company Name..... Company Name.....
Address..... Address.....
..... Postcode..... Postcode.....
Tel (inc STD)..... Tel (inc STD).....
Fax (inc STD)..... Fax (inc STD).....

PROPRIETORS OR PARTNERS DETAILS

In the case of sole traders or partnerships, this section must be completed.

Address..... Address.....
..... Postcode..... Postcode.....
Tel (inc STD)..... Tel (inc STD).....
Fax (inc STD)..... Fax (inc STD).....

AUTHORISED BY

In consideration of Delf (UK) Ltd ("the Company) agreeing to open a Monthly Credit Account,

I/We.....
being authorized person(s) of

"the Customer" agree that all transactions of sale will be conducted within Delf's Standard Conditions of Sale. (please pay particular attention to our Payment terms)

Company Letterhead enclosed.

Please Note: We may use the information you provide to make a search with a credit reference agency, which may keep a record of that search. In the case of a limited company we may also make enquiries with a credit reference agency about the principal directors of that company.

Signature(s)..... Date.....
(if a partnership – all Partners should sign)

Full Name(s) in block capitals.....

Job Title.....

Department..... Direct Tel:.....

When completed, forward this form with a copy of your letterhead to the address below.

We will contact you to advise when your account has been opened.
Please contact us if you require any help or advice.

Delf (UK) Ltd, Unit 2 Hickmans Road, Birkenhead, Wirral, CH41 1JH.
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