



By Appointment to  
Her Majesty Queen Elizabeth II  
Suppliers of Commercial Refrigeration  
Foster Refrigerator, King's Lynn



First for food safety and the environment

# INTEREST FREE CREDIT ACCOUNT APPLICATION

## PART 1

*Please complete fully in capital letters*

**DEALER NAME:** .....

**PRODUCT DETAILS:**

**£ PRICE**  
**(NOT INCLUDING VAT)**

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

**DELIVERY ADDRESS (if different to Trading Address supplied in section A)**

Address: .....

Post Code: .....

Telephone Number: .....

Fax Number: .....

Mobile Number: .....

**PLEASE RETURN TO:**

FOSTER SALES  
FOSTER REFRIGERATOR – a division of ITW Ltd,  
OLDMEDOW ROAD,  
KINGS LYNN,  
NORFOLK  
PE30 4JU

FAX : 08432 164701  
Email: regional@foster-uk.com

*Please complete fully in capital letters*

- |                    |                                     |  |
|--------------------|-------------------------------------|--|
| Type of Business?. | Sole Proprietor .....               | Please complete section A,C, E & F     |
|                    | Partnership .....                   | Please complete section A, C, E & F    |
|                    | Limited Company .....               | Please complete section A, B, D, E & F |
|                    | Public Ltd. Company .....           | Please complete section A,B, D, E & F  |
|                    | Limited Liability Partnership ..... | Please complete section A,D, E & F     |



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TRADING DETAILS

**A** Trading name of business.....

Trading address.....

.....

.....

Post Code.....

Telephone No ..... Fax No ..... Mobile No.....

Nature of Business ..... How long has business been trading ..... years

Email Address regarding accounts matters .....

Person to contact regarding accounts matters .....

LIMITED COMPANY

**B** Limited Company name ..... Reg. No .....

Registered Office .....

.....

.....

Ultimate holding company (if subsidiary).....

SOLE PROPRIETARY OR PARTNERSHIP

**C** Please give FULL NAMES, private addresses and date of birth for all partners. (if more than 2 please list on your letterhead)

Name/Address.....

..... Post Code.....Date of Birth.....

How long have you lived at this address..... Years.....Months

Name/Address.....

..... Post Code.....Date of Birth.....

How long have you lived at this address..... Years.....Months



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**LIMITED LIABILITY PARTNERSHIP**

**D** Partnership Name..... Reg No.....

Registered Address.....

Partners Name/Address.....

.....Post Code..... Date of Birth.....

Partners Name/Address.....

.....Post Code..... Date of Birth.....

Partners Name/Address.....

.....Post Code..... Date of Birth.....

**BANK REFERENCE**

**E** Name of Bank.....A/c No.....Name of A/c.....

Branch Address.....

.....Sort Code.....

Type of Account?. Business..... Private .....

We may require a status report from your bank before we open a credit account. The bank will only provide a status report with your permission. If a bank status report is required we will contact you and request you to issue the necessary instruction to your Bank. Your bank may charge you for this service.

**CONTRACTUAL AGREEMENT**

- F** I/We accept the following:
- 1) That Foster Refrigerator may request credit references from the trade referees supplied.
  - 2) That Foster Refrigerator will make a search with a credit reference agency, the agency will keep a record of that Search and will share that information with other businesses. We may also make enquiries about the Principles/Directors with a credit reference agency.
  - 3) That Foster Refrigerator may share information throughout its own divisions and other companies in our industry group.
  - 4) In the event of non-payment Foster Refrigerator may pass information contained on this account form to a third party in order to pursue the debt.

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

Print Name(s).....

N.B. In the case of Partnership, all Partners must sign.

Position in Company.....