



## CREDIT ACCOUNT APPLICATION FORM

**Please Complete all sections and return to:**

Eatpure Ltd  
5 Sutherland Court  
Brownfields Ind Estate  
Welwyn Garden City  
Hertfordshire  
AL7 1BJ

**Or Email: [cater@eatlunch.co.uk](mailto:cater@eatlunch.co.uk)**

Our Ref:

Date:

Tel: 01707 331751

Name of Business

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

Delivery Address

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

Registered  
Office Address

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

Registered Co No  
(As per Companies House)

.....

Contact Name(s) .....

.....

.....

Email Address(s) .....

.....

.....

Telephone No  
at Delivery Address .....

Nature & Type of  
Business eg: Private,  
Company, and  
Partnership .....

.....

Name & Telephone  
Number of  
person responsible  
for settling your  
Account on time .....

.....

Name of Head of  
Your Finance Dept. ....  
.....

Name and  
Address of your  
Bank

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

Bank A/C No

.....

Bank Sort Code

.....

Credit Limit  
Required

.....

**PAYMENT TERMS**

Due Date

Payment in full of the amount shown on the invoice is due within 30 days after the invoice date (unless extended terms have been agreed). .

Signed

.....

Name

.....

Position in Organisation

.....

Date

.....

**FOR EATPURE USE ONLY**

Credit limit agreed at £

By

.....

Designation

.....

Date

.....

Comments