



CREDIT APPLICATION FORM

To become a Belazu Trade customer, you'll need the following:

- Two references from other companies do business / have done business with
- Your Companies House company number (if applicable)
- Your company bank account details
- This form filled in, then signed by the business owner or director

After it's signed, please Scan and email or send a picture taken on your phone to sales@belazu.com

OR fax to: 0208 813 2986 **OR post to:** Belazu, 74 Long Drive, Greenford, UB6 8LZ

1. TRADING DETAILS

Trading Name				
Trading Address				
Type Of Business (please circle)	Caterer	Deli	Distributor	Hotel
	Manufacturer	Multiple	Pub	Restaurant
	Other (please specify)			
Post Code:			Trading Contact Name	
Trading Tel No:			Trading Fax No:	
<u>Delivery notes - earliest/latest time, entrance:</u>				

2. LTD CO / P'SHIP / SOLE TRADER DETAILS

Ltd Co /P'ship/ Owner Name(s)			
Ltd Co Reg. Address or home address of Partners / Owner			
Post Code:			
Co Registration No (if relevant)			
Year of Formation			

3. ACCOUNTS PAYABLE DETAILS

Accounts Contact name			
Tel No:		Fax No:	
Statement Address (if different to			

trading address)	
Post Code:	

Contd.....

4. TRADE REFERENCE No

Name:			
Address:			
Contact Name:			
Tel No:		Fax No:	

5. TRADE REFERENCE No.2

Name:			
Address:			
Contact Name:			
Tel No:		Fax No:	

6. BELAZU INGREDIENT COMPANY BANK DETAILS

Bank Name:	Lloyds Bank 2 nd Floor 39 Threadneedle Street, London, EC2R 8AU
Sort Code:	30-15-99
Account No:	00158207
BIC:	LOYDGB21021
IBAN:	GB16 LOYD 3015 9900 1582 07

Please advise of monthly credit limit required £_____

Payment terms are **STRICTLY 30 DAYS NET**, i.e. 30 days from the end of the month to which an invoice applies. Please ensure that an **owner / director** signs below to confirm acceptance of these terms:

Name:..... Signed:.....

Position:..... Date:.....

Please scan and email, fax or post. The addresses are at the top of the form.