Credit Account Application Form - Pizza Plus

Please complete the form and return either: by post to Pizza Plus Foodservice, Light Industrial Estate, Liverpool Road, Walmer Bridge, Preston PR4 5HY; by fax to 01772 617610; or by e-mail to sales@pizzaplusfs.co.uk.

Full trading name & address			Invoice name & address (if different)			
Telephone no.		Fax no.				
VAT reg no.		Company reg no.		Nun	nber years trading	
Trading style (tick b	ох)	-	-		ı	
Partnership	Limite	ed Co.	Sole trader		Other	
Primary business	Name		Title			
contact	Tel no.		E-mail			
Primary finance	Name		Title			
contact	Tel no.		E-mail			
Bank details name & address						
Sort code			Account number			
Please provide the	name, address and con	tact details of two tra	de references.			
1. Company name & address			 Company name address 			
Contact name			Contact name			
Phone no.			Phone no.			
Fax No.			Fax No.			
	a credit account and ag confirm that the details less.					
Amount of credit re	equested					
The signatory must	t be a director/ propriet	or of the company.				
Signature			Signature			
Name			Name			
Title			Title			

The application must be accompanied by a company letterhead or an alternative proof of trading style.

Date

Date